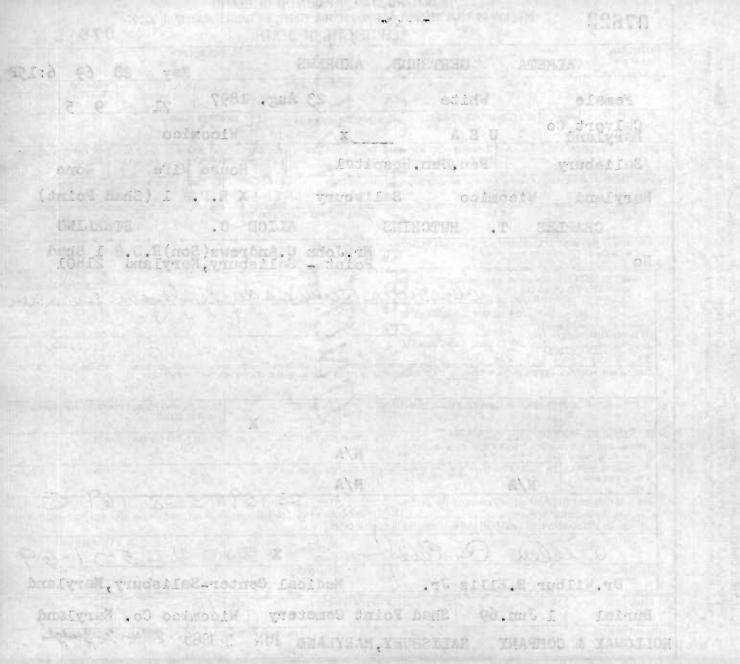
1		MARYLAND STATE DEPARTMENT OF HEALTH
		07623 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 07615
	- 5	1 December white
#00	neral and 2 deoth.	(Type or print) A T STORY A
de	tuneral	May 28 69 6:15FM
Her !	Te te	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. IF UNDER 3 HOURS MIN MONTHS DAYS HOURS MIN MIN
0 %	Press	remate white 2) Aug. 107/ 77 WRS 0 5
9		76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
4 :		76. CITIZEN OF WHAT COUNTRY? COUNTRY OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
2 - 2	tilled ir paper thin 72	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITALOR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
executed within 24 hours after deoth	Po de la	Salisbury green desh. Hospital during most of working life even if refired.) None
8	de de de	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d INSIGE CITY (IMITS? 13g. STREET AND NUMBER
(and	eve	Maryland Wicomico Salisbury VES NOX R.D.# 1 (Shad Point)
(se	982	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
9	physician and completely the please remove carbon oval, and in any event, with	CHARLES T. HUTCHINS ALICE G. STERLING
ate :	leos leos	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or doles of service) 16b. SOCIAL SECURITY NO. Nr. John C. Andrews (Son) Rddrps. # 1 Shad.
OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be retained by the hospital or ottending physician.	hysi n pl	Ves no, or unknown) No No. Ammed Forces? 16b. Social Security No. 17. Informant Point - Salisbury Maryland 21801
cer	l by the ottending p tronsit permit. The	APPONY MARY INTERVAL
€ :	t.	PART I. DEATH WAS CAUSED BY:
oep ee	rmi 'o'(IMMEDIATE CAUSE (a) Clerotte gellinance englisher leighten
he	pe pe	DUE TO, OR AS A CONSEQUENCE OF
7 = =	tisi m	Canditians, if any, which gave rise to immediate couse (a).
₹ 5.	by fror	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
Sici	ol, lo	lost. (c)
W BE.	signed burial-tr buriol, c	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
N Su Bu	he ta	2
A Pip-	be rior	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The	h p	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO X 1216. HOW INJURY OCCURRED. (Foter nature of injury in Part Lor Part 2, Item 18.)
o	ed co	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
To To	E E E	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19 N/A
/SIG	hed t. o	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
B •	this certificate has been letached for use as the Bopt. of Health prior ta	While Not while \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ãŧ.	tter t be de State	di walk di walk
a a a	Sto	22a. I certify that (I) (this haspital) ottended the deceased fram 5-3, 19 (a), to 3-28, 19 (b), that (I) (we) last saw the deceased alive an 19, and that in (my) (our) opinion death accurred an the date and hour and from the
L L L	the the	causes stated above, (I) (we) (did) (did nat) view the bady after death.
A T io	3 등 를	22b. SIGNATURE 22c. DATE SIGNED
e re	d w d	Wellew & Close Degree PHYS. MED. STAFF DIRECTOR PHYS. DISTAFF DIRECTOR DIRE
7 2		22d. PHYSICIAN'S 22e. ADDRESS
Ma ma	be be	NAME Wilbur R. Ellis Jr. Medical Center-Salisbury, Maryland
005	of de la	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or ottending physician.	IO FUNEKAL DIRECLOR: After this certificate has been signed by the oftending physical director, page 3 shauld be detached for use as the burial-tronsit permit. Then poshould be filed with the State Dept. of Health prior ta burial, cremation, or removal,	23d. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Wicomico Co. Maryland. (State)
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	VR A15 45 45M - 1 69	24. FUNERAL DIRECTOR HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE ADDRESS PAGE 18 1969 256. MOREAU 1969 1978 1969 256. MOREAU 1978 1978 1978 1978 1978 1978 1978 1978



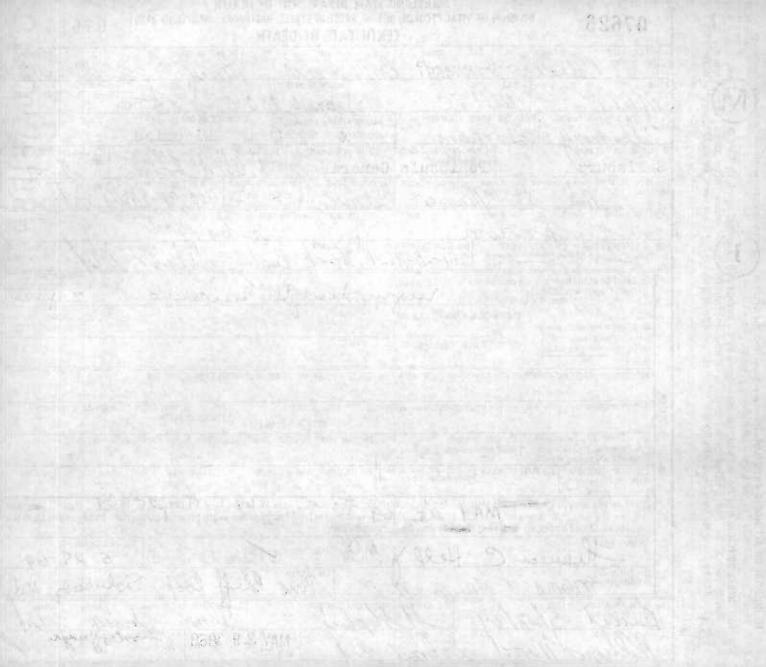
1		07624	DIVISION OF VITAL RECORDS,	301 W. PRE	IE OF DEATH	IIMORE, MA		201 ()	7616	
ond 2 ond 2 er deoth.		ECEASED-NAME First Type or print) MAY	Middle MILLS		Lost AILEY	2o. DATE O	Month 5	25 Day	Year 969	2b. HOUR F 8:20M
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nove corbon popers. Prove seent, within 72 hours	7o.	BIRTHPLACE (Stote or foreign nitry) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED X	NEVER MARRIED DIVORCED	9. COUNTY O				Md.
E 80	10.	Salisbury	11. NAME OF HOSPITAL OR INS give street oddress Ge	TITUTION (If not in neral H	ospital 120. USU	AL OCCUPATION	(Kind of wor	k done etired.)	12b. KIND OF 8t	ISINESS OR Home
'illana	13o. odm	USUAL RESIDENCE (Where deceose ission) STATE Maryland	ed lived, if institution: Residence before 13b. COUNTY Wicomico	13c. CITY OR TO Hebron	VEC D		treet and nua adley&		h Sts.	
. /	,14.	FATHER'S NAME First	Middle Lost	1S. M	OTHER'S MAIDEN NAME		M	iddle	Tomled	Lost
		USA DECEASED EVER IN U.S. ARM (es, no, or unknown) (If yes give w	Mills MED FORCES? ar or dates of service) 219-07-62			lotte	Salisbe rooked	Oak I	Jenki Maryland Lane Rt	d
	7	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DIDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO TH	HE TERMINAL DISEASE OR	CONDITION GIVE	EN IN PART 1(o)		3-8	day
2	CERTIFICATION	190. DATE OF OPERATION 19b. (CONDITION FOR WHICH OPER ATION WAS P ER	RFORMED	20o. AUTOPSY? YES NO [5]	CALICE	F YES, WERE FIN S OF DEATH?	IDINGS CON	NSIDERED IN CER	TIFYING
	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examin	H HOUR A.M. Month Doy Yeor	150	INJURY OCCURRED (Ente		ury in Port 1 or	Port 2, Ite	em 18.)	
	ME	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOCA	TION Street or R.F.D. No	o. Cit	y or Town		County	Stote
		220. I certify that (I) (thi	is hospital) ottended the deceose live anl' (t) (we) (did) (did not) view the l	ed fram 9 / , and t bady ofter dec	5 20 , 190 nat in (my) (our) ap ith.	inion death	accurred on	the date	e and haur ai	nd fram the
		22b. SIGNATURE J	Drell.	DEGREE		MED. DIRECTOR	STAFF PHYS.	22c. DA	-26-196	9
1		22d. PHYSICIAN'S NAME (Type)	A.Boille		22e. ADDRESS Salisbur					
			-28-1969 Wicomic	cemetery or cr	rial Park	Salish	ON (City or Tov	icomi	(County)	(Stote)
108	24.	FUNERAL DIRECTOR Hill Funeral	Home Salisbury, l	Maryland		8Y REGISTRAR 29 198		ISTRAR'S SI	IGNATURE	L

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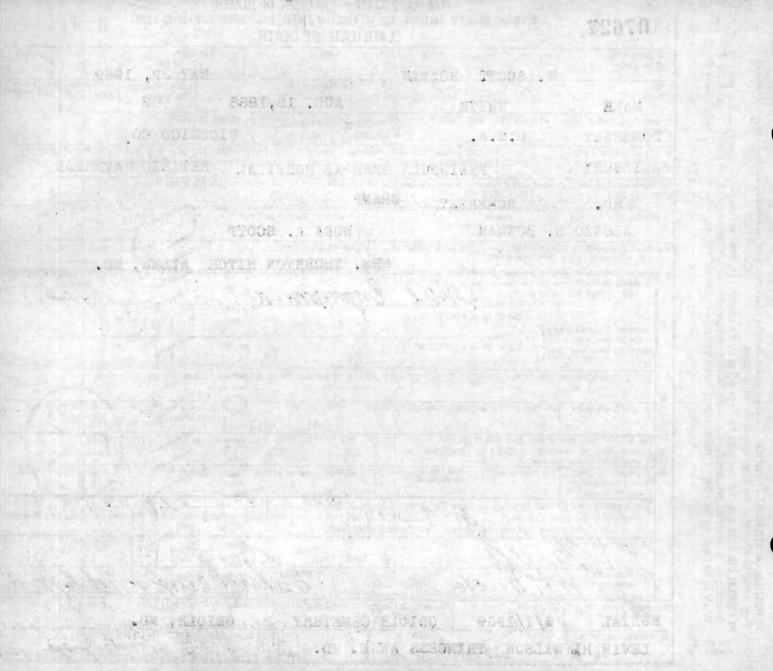
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T			07625			CERTIFICATE O		, , , , , , , , , , , , , , , , , , , ,	21201	0761	7
	death.		ECEASED-NAME Fi Type or print) Dena	rd	Middle Jackson	Lost Bake		May	H Month Di	1969	2b. HOUR A
	and a ster of the	3. 5	Male	4. RACE	White	S. DATE OF		96 6. A	GE (In years t birthday) YRS	MONTHS OAYS	HOURS MIN.
•	ond completely filled in by the functol remove carbon popers. Pages Fond 2 to only event, within 72 hours after-death		BIRTHPLACE (Stote or foreign ntry)		DE WHAT COUNTRY?	8. MARRIED NEVER A	WARRIED 9. CO	OUNTY OF DEAT Wicom			Md
	within Son poly fille within		CITY OR TOWN OF DEATH Salisbury		11. NAME OF HOSPITAL OR INS give street address) Deer	TITUTION (If not in haspited is Head Hos	12a. USUAL OC during mast a	CUPATION (Kind f working life, e	of work done even if retired.)	12b. KIND OF E	BUSINESS OR
	omplet we carl	13a adm	USUAL RESIDENCE (Where decission) STATE Marylan	d 13b. COUN	stitution: Residence before	Ocean City	13d. INSIDE CITY LIMITS?	13e. STREET	AND NUMBER Course		
	be exe		FATHER'S NAME First	Mid		1	MAIDEN NAME First	Pois	Middle V 75 A	2 -	Last
	physician pen please oval, and	160	. WAS DECEASED EVER IN U.S. A		16b. SOCIAL SECURITY I		RUBERT	BARR	Address (DCEAN	CITY
	PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death the hospital or attending physician. The hospital or attending physician and completely filled in by the timeral his certificate has been signed by the attending physician and completely filled in by the timeral his certificate has as the buriol-transit permit. Then please remote carbon papers. Pages Tand 2 Dept. of Health prior to buriol, cremation, or removal, and to any event, within 72 hours after death to the prior to buriol, cremation, or removal, and to any event, within 72 hours after death to the prior to buriol, cremation, or removal, and to any event, within 72 hours after death to the prior to buriol, cremation, or removal, and to any event, within 72 hours after death to the prior to buriol, cremation, or removal, and to any event, within 72 hours after death to the prior to buriol, cremation, or removal, and to any event, within 72 hours after death to the prior to buriol, cremation, or removal, and to any event, within 72 hours after death to the prior to buriol.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause p SED BY: DIATE CAUSE (a)	per line for (a), (b), and (c). Adenocarci	noma of lef	t kidney				onths
	the de		Conditions, if any, which gay	DUE TO,	OR AS A CONSEQUENCE OF				GF.		
0	equires that the physician. signed by the control by the control by the control by the control cremation.		rise ta immediate cause (a stating the underlying caus last.	DUE TO,	OR AS A CONSEQUENCE OF		11000				
4	required by sign sign sign to burie	×	PART 2. OTHER SIGNIFICANT (ONDITIONS CONT	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	INAL DISEASE OR CONDI	TION GIVEN IN P	ART 1(o)		
	AN: The low re all or attending icote hos been for use as the Health prior to	CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FO	R WHICH OPERATION WAS PE	RFORMED 2Da. AU YES	JTOPSY?	2Db. 1F YES, N CAUSES OF D		CONSIDERED IN CEI	RTIFYING
	CIAN: The sital or attricted to the sital or attricted to the sital of	MEDICAL CER	21 o. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF O (If either, natify medical example)	EATH HOUR	ME OF INJURY A.M. Month Day Year P.M. 19	21c. HOW INJURY	OCCURRED (Enter natu	ure of injury in P	art 1 or Part 2,	Item 18.)	
	DING PHYSICIA I by the hospita Affer this certifia be detoched for State Dept. of I	ME		e. PLACE OF INJU		rory.) 21f. LOCATION S	treet ar R.F.D. Na.	City or Ta	wn	County	State
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to the shauld be the shauld be the state Dept.		22a. I certify that (X) (this haspital) olive on	attended the decease May 29 I did) (dama) view the l	d fram May 969, and that in (19 , 19 <u>69</u> (our) opinion	, ta <u>Ms</u> death accur	y 29, 19 red on the d	69_, that ate and haur a	(we) last and from the
•	RECTOR RECTOR Should with t		22b. SIGNATURE	ve, (1) (100) (1	old) (okonost) view me i	DEGREE PHYS.	DING MED.	OR STAF	FF	DATE SIGNED	
	O HOSPITAL OR ATTENDIN Page 4 may be retoined by D FUNERAL DIRECTOR: Affer director, page 3 should be shauld be filed with the Stat		22d. PHYSICIAN'S NAME (Type) C. H	. Winna	cott, M. D.	11113.	IDDDECC	Hospita		/2/69 Lsbury,	21801 Md.
	TO HOSPITAL Page 4 may to FUNERAL Director, page shauld be file	23a	BURIAL, CREMATION, 231 REMOVAL (Specify)	D. DATE	b9 23c. NAME OF (EMETERY OR CREMATORY		1. LOCATION (Cit		(County)	(State)
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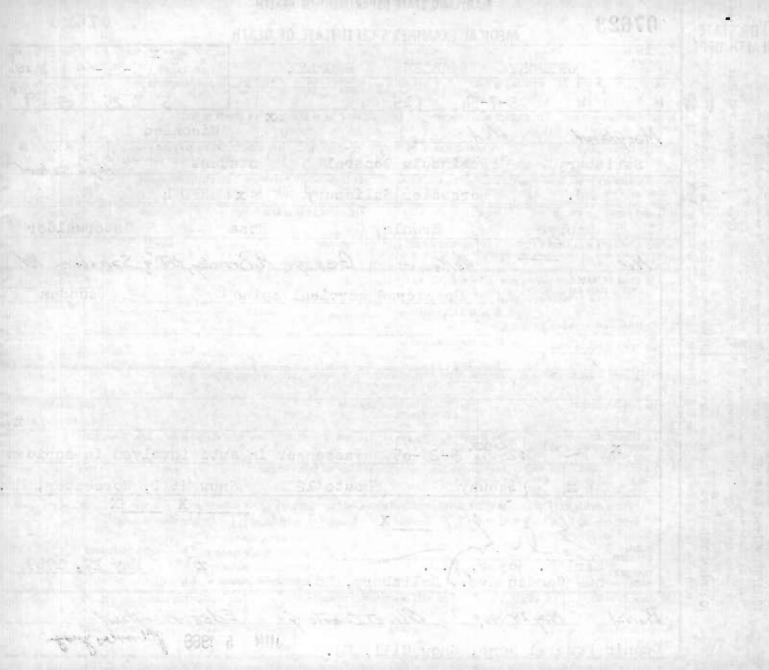
	1	MARYLAND STATE DEPARTMENT OF HEALTH
7 19		07626 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07618
10	L.	CERTIFICATE OF DEATH
4 24	1. 0	DECEASED-NAME First Middle Lost 20. DATE OF DEATH 26. HOUR-
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s. Anours	70	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MADDIED TO ARRIVED MADDIED TO SCUNTY OF DEATH
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cuted v omplete ve carb event,	13a	USUAL RESIDENCE (Where deceased lived, if institution, Residence before lission) STATE 13b. COUNTY 13b. COUNTY 13c. STREET AND NOMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NOMBER 13b. COUNTY 15c. STREET AND NOMBER 15c. STREET AND N
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e execut and com remove n any ev	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
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th certificate be execting and control of the please removed, and in any		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address
美 经 200		(es, na, ar unknown) (If yes give war or doles of service) 314-28-8624 Arnh Bouley Delmer, Mel
The Ge		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
ath iii ii i		PART I. DEATH WAS CAUSED BY:
de de litter erm erm n, o	г	2049 DUE TO, OR AS A CONSEQUENCE OF
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d signature of the state of the		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours be retained by the hospital or ottending physicion. INRECTOR: After this certificate has been signed by the attending physician and completely filled in by east should be detached for use as the burial-transit permit. Then please remove carbon papers. Page with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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ho ho ach ept	>	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
the det		While Nat while of wark Northwark
DING d by the After d be d		22a. I certify that (1) (this hospital) attended the deceased, from
A: A		saw the deceased alive on 1904, and that in (my) (our) opinion death accurred on the date and hour and fram the causes stated obave, (1) (aid (did) (did) view the bady after death.
that the that		OOL CICALATURE A
REC 3		ATTENDING - MED CTAFF
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RAIL Per		NAME (Type+THOMAS C. HILL, In - M.D. Pine Bluff Road, Solisaurs Md
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 07628 07620 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2a. DATE KNOWN Manth 1. DECEASED-NAME Middle First (Type or Print) ESTI-ALTEN GREGORY BROMLEY 2, and 3 to PM3. Page 8".25 M DEATH MATED IF UNDER 24 HRS. Month ment 2d HOUR 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 9 5-7-54 15 . Fo. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? Wicomico WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR givPenThisula General during mast of working life, even if retired.) Salisbury 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? poges hand 2 with the 13e. STREET AND NUMBER admissian) STATE Md. 136. COUNTYWorcester Salisbury YES NO IX RFD 4 in Item 18. Last IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Osterwalder George Bromley Rosa 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 301 W. PRESTON STREET, George M. Bromky BFD 4 Salisbury (Yes, na or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ony event within e, writing the word "pending" i forwarded to the Chief Medical PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured cervical spine sudden DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause and in DIVISION OF VITAL RECORDS, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ar removal, 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO NO 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. EXTERNAL CAUSE WAS 3 should PRIMARY OR CONTRIBUTING Passenger in auto involved in accident cremotion, CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street. 21f, LOCATION Street or R.F.D. Na. City ar Tawn County 21d. INJURY OCCURRED factory, office building, etc.) WHILE NOT WHILE AT WORK AT WORK Route 12 Snow Hill, Worcester, Md. Inspection X. Inquiry X. 22a. I certify that I taak charge of the remains described above, held an Autopsy ... and in my apinian death resulted from: Natural cayes , Accident K, Suicide , Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER May 27. 1969 Royer, DEPUTY MEDICAL EXAMINER Camden Ave. Salisbury, Md ADDRESS(Street, city, tawn, ar caunty) 23a. BURIAL, CREMATION, SMOVAL (Specify) 24. FUNERAL DIRECTOR 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) ADDRESS 250. REC'D BY REGISTRAR 5 1969 VR A15ME Dennis Funeral Home, Snow Hill, Md.



MARYLAND STATE DEPARTMENT OF HEALTH 07629 07621 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME Middle 2a. DATE KNOWN First Month Doy 2b. HOUR (Type or Print) ESTI-WILLIAM JOHN BROMLEY any delay is 1, 2, and 3 to m PM3. Page 8:25 M DEATH MATED <u>a</u> ment 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 16 yp 8-8-52 M W 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH along with farm 10. CITY OR TOWN OF DEATH Give Pages 1, Wicomico WIDOWED | DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR Salisbury

give street address)

Peninsula General

13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN during most of working life, even if retired.)

Laborer INDUSTRY construction 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER with V3b. COUNTY Worcester Salisbury odmission) STATE RFD L YES NO X land2 Item] Examiner's Office Lost 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Bromley Rosa Osterwalder George 17. INFORMANT ADDRESS ADDRESS APPROXIMENT APPROXIMENT APPROXIMENT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT W. PRESTON STREET, (Yes, no ar enknown) (If yes give war or dates of service) IB. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH event within forwarded to the Chief Medical IMMEDIATE CAUSE (a) Fractured cervical spine sudden DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF shauld ward any stating the underlying couse .⊆ DIVISION OF VITAL RECORDS. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) ar removal, 19a, DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES NO. certificate, 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) 21b. TIME OF INJURY Month, Day, Year 21g. EXTERNAL CAUSE WAS 3 shauld b PRIMARY OR CONTRIBUTING 25 P.M. Driver of auto involved in accident. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town Caunty the funeral directar. Page 4 Route 12 Snow Hill, Worcester, Md. 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry X, ond in my opinion burial, deoth resulted rom: Notural couses . Accident K. Suicide Undetermined monner Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED L. Royery May 27, 1969 DEPUTY MEDICAL EXAMINER Camden A., Salisbury, Md ADDRESS(Street, city, town, or county) 230. BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) DATEJUN Dennis Funeral Home, Snow Hill, Md.

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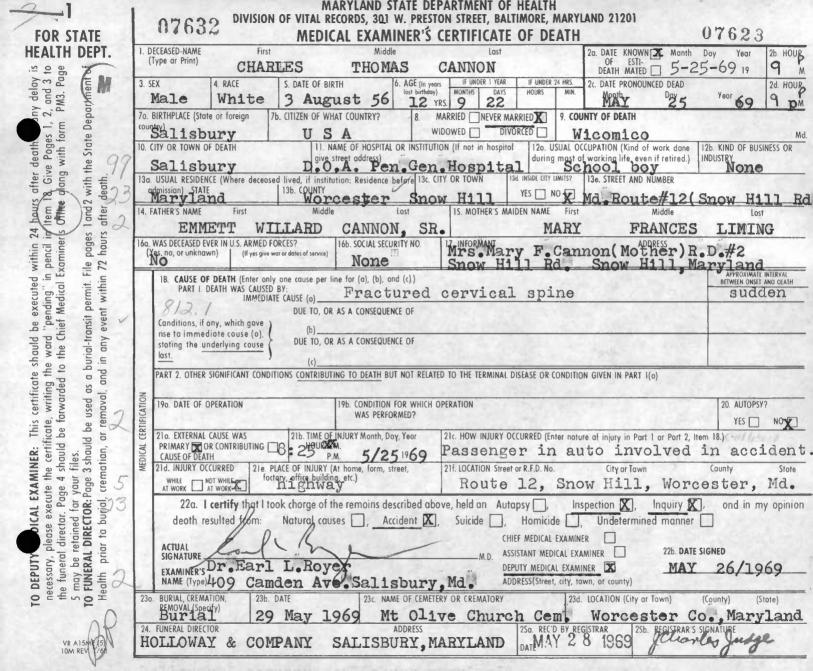
MARYLAND STATE DEPARTMENT OF HEALTH 07630 07622 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2b. HOUR 1. DECEASED-NAME 2a. DATE KNOWN Month Day Yeor (Type or Print) MARTHA 5-28-69 19 BROWN 9:55 DEATH MATED 16. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR ate Department 3. SEX 28 12-9-0/1 B AA 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH Office along with farm country) Wicomico Md. U.S.A. WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind af work dane 12b. KIND OF BUSINESS OR giver rectaddress ula General during most of warking life, even if retired.) INDUSTRY Salisbury 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Wicomico Sharptown (Rural) YES NO T 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Irving Hopkins Bertie Brown 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, pe, or unknown) (If yes give war or dates of service) 215-20-4370 Oden Brown, Sharptown, Md. all-transit permit. File any event within 72 APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH icate, writing the ward "pending" i be farwarded to the Chief Medical minutes IMMEDIATE CAUSE (a) Coronary occlusion DUE TO, OR AS A CONSEQUENCE OF a burial-transit Conditions, if any, which gave rise ta immediote cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse = DIVISION OF VITAL RECORDS. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ar removal, 19a. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES 🗀 NO X execute the certificate. 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21g. EXTERNAL CAUSE WAS 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 21d INJURY OCCURRED 21f, LOCATION Street or R.F.D. Na. City or Town County State Inquiry X 22a. I certify that I took charge of the remains described above, held an Autapsy ... Inspection X burial, and in my opinian MEDICAL Natural auses Accident Undetermined monner death resulted from: Suicide Homicide funeral directar. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED June 2, 1969 L. Royer, DEPUTY MEDICAL EXAMINER Salisbury, Md ADDRESS(Street, city, tawn, or caunty) Camden Ave. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE (County) 0 REMOVAL (Specify)
Burial Sharptown, Wicomico, Md.

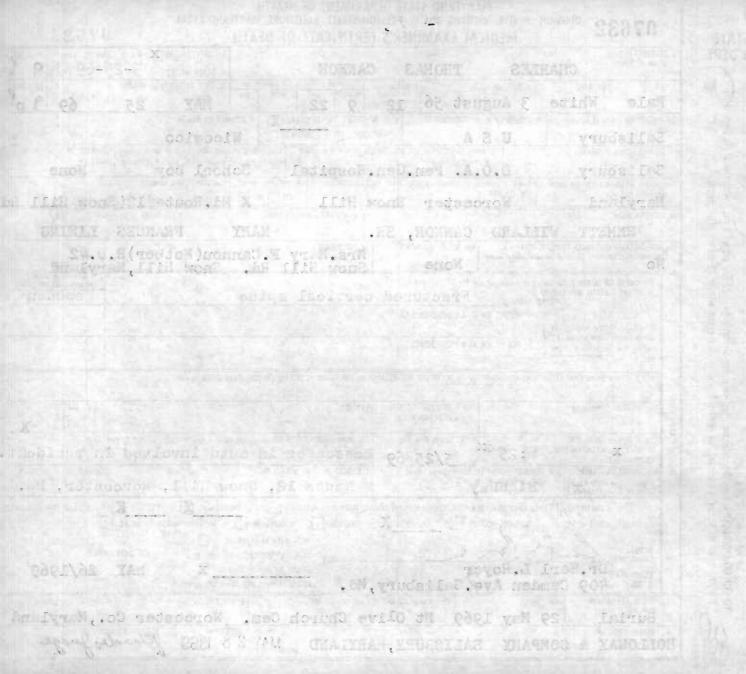
BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Sharptown Cemetery
ADDRESS | 250. F 5-31-69 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR occurren y VR A15ME (3) Booker M. West, Salisbury, Md.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director nace 3 should be detached for use as the	shauld be filed	000			ME OF CEMPERATURE	<u> </u>		
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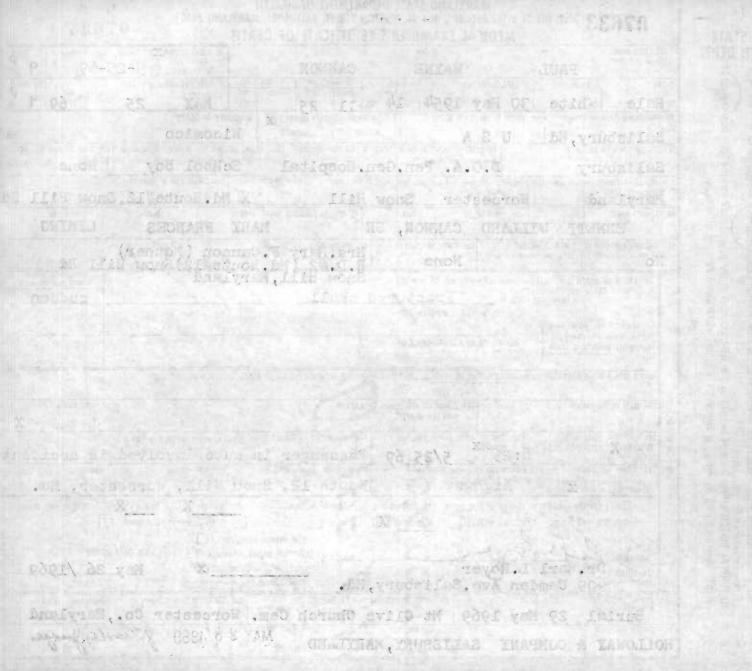
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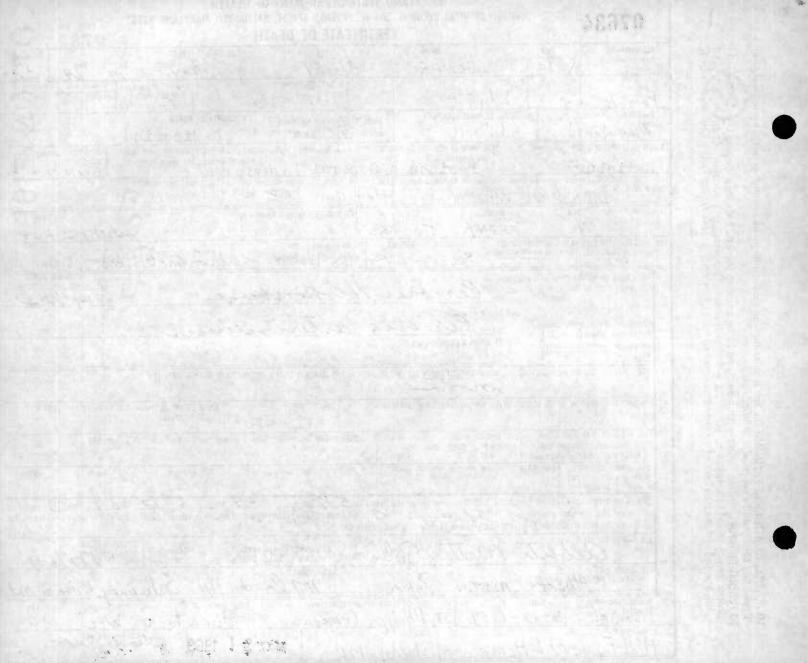


07633 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07624 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWNDCI OF ESTI-DEATH MATED (Type or Print) ony delay is 2, and 3 ta PM3. Page PAUL WAYNE CANNON 4. RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD 3. SEX 5. DATE OF BIRTH 2d. HOUR White 30 May 1954 Male 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH er's Office alang with farm Salisbury, Md DIVORCED [Wicomico U S WIDOWED | in Item 18. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR D'e d'et Address Pen Gen Hospital during mos School 1e, eren if retired.) INDUSTRY and 2 with the Salisbury 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Worcester Md. Route#12(Snow Hill Rd Snow Hill ofter IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MARY LIMING CANNON. FRANCES EMMETT WILLARD haurs 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Mary F. Cannon (Mother) be executed within (Yos no, or unknown) Page 4 should be farwarded to the Chief Medical Examin None R.D.#2 (Md.Route#12) Snow Hill Rd Snow Hill, Maryland within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Fractured skull sudden IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a), any certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) remaval, CERTIFICATION 3 shauld be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO X the certificate, 10 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY X OR CONTRIBUTING Passenger in auto involved in accident CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town foctory, office building etc.) may be retained for your FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Route 12, Snow Hill, Worcester, Md. 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection X Inquiry X ond in my opinion the funeral directar. Undetermined manner Natural causes , Accident X, Suicide Hamicide death resulted fram: CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER May 26 /1969 DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) Camden Ave. Salisbury, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Mt Olive Church Cem. Worcester Co., Maryland May 1969 24. FUNERAL DIRECTOR **ADDRESS** HOLLOWAY & COMPANY SALISBURY, MARYLAND

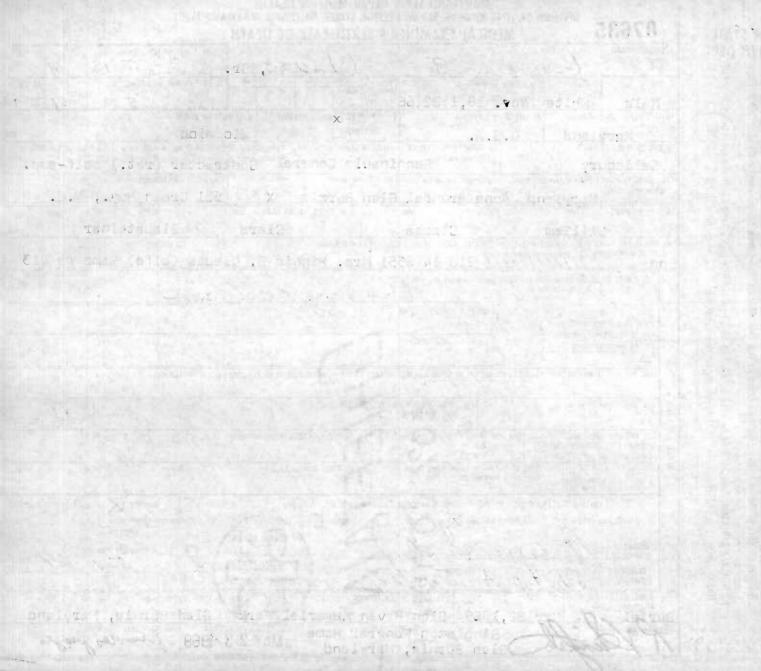
MARYLAND STATE DEPARTMENT OF HEALTH



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1			07027	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA	ALTIMORE, MARYLAND 21201	
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	requires that the death certificate be executed within 24 hours after death glysicion. signed by the attending physician and completely filled in by the Tuneral buriol-transit permit. Then please remove corban papers. Pages V and 2 buriol, cremotion, or removal, and in any event, within 72 hours after death a buriol, cremotion, or removal, and in any event.		PART I. DEATH WAS CAUS	IATE CAUSE (o)	e Hemoul	lege	APPROXIMATE UTERVAL BETWEEN ONSET AND DEATH
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	s PHYSI the hosp this cert detached	MEC		PLACE OF INJURY (AT HOME, EARM, STREET, FAC OFFICE BUILDING, ETC.		No. City or Town	County Stote
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the buriol-transpace of the filed with the State Dept. of Health prior to buriol, and the page 1.		22a. I certify that (1) (the saw the deceased	nis haspital) attended the decease alive anl re (i) (we) (did) (and not) view the l	969, and that in (my) (aur) o	apinian death accurred an the date	, that(1) (we) last e and haur and fram the
	L OR Al be reto DIRECT gge 3 sh iled with		22b. SIGNATURE albe	to Matter Po	PLINDEGREE PHYS.	MED CTAFE	TE SIGNED 5/17/69
	Page 4 moy by FUNERAL Dietor, page director, page 5 should be file		22d. PHYSICIAN'S NAME (Type) Alber	ta mattay Poli	10/	moden Ava. Salisbun	
	TO HOSPI Page 4 n TO FUNER director,		REMOVAL (Specify) 5	-19-1969 ST, Phi	LIPS CEMETERY	23d. LOCATION (City or Town)	Y(County) (State)
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	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR CTATE	07635 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7626
-FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
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INER: This certificate should be executed within 24 hours after deoth the certificate, writing the word "pending" in pericil in Nem 18. Give Page should be forwarded to the Chief Medical Examinaria Office along with files. 3 should be used as a burial-transit permit. File pages land 2 with the Statination, or removal, and in any event within 72 hours after death.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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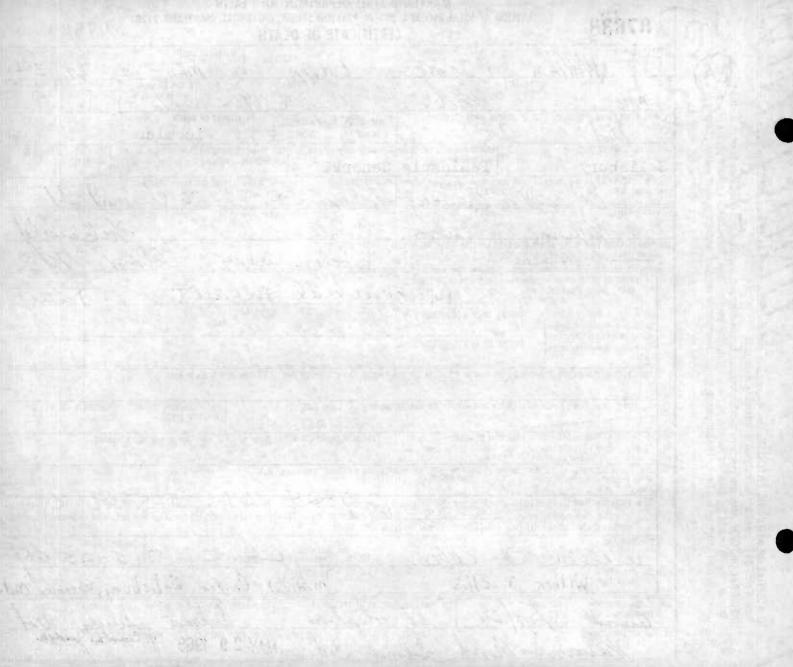


MAKTLAND STATE DEPARTMENT OF HEALTH 07637 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07628 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH death. 2b. HOUR hours after death funeral 1 and Alten (Type or print) Month 50 Yeor by the fun 4. RACE 3. SEX DATE OF BIRTH 6. ARE (In years IF UNDER 1 YEAR IF UNDER 24 HRS birthdoy) DAYS HOURS C 7/20/1917 MALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED THE MEVER MARRIED ician and campletely filled in lease remove carban papers. Wicomico WIDOWED TO DIVORCED Maryland 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital within 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Pen. Gen. during most of working life, even if retired.) INDUSTRY C Salisbury Hespital 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission STATE and 13b. COUNTY OF ICO 112 First Salisbury YES X NO 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Nathan Corbin Volia Spence physician requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) burial, crematian, ar remaval, Elizabeth Armwood 112 First 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: permit. enebrovascular hemornhage 25 hrs IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) unentensue candavascular Viscase UKS rise to immediate cause (o), be retained by the haspital or attending physician. stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) for use as the t f Health priar ta b TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO | 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor director, page 3 shauld be detached shauld be filed with the State Dept. of (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City of Town State County While Not while of work 220. I certify that (1) (this haspital) attended the deceased from 5 - 2 . 1969 . to , 19 69, that (1) (we) last _1969, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an_ couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING ON () DEGREE PHYS. DIRECTOR PHYS. 4 may 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Bulkele 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) 5/8/69 W. Pesteffice CemeteryW. Posteffice Samerset Md. 24. FUNERAL DIRECTOR VR A15 DATE

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Soin Sin H		causes stated above, (1) (we) (did) (did nat) view the body after death.
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or be	847	Weller Degree Phys. Degree Phys. Director D Staff D 5-25-69
AI Coop of fill 6		22d. PHYSICIAN'S 22e. ADDRESS
ERA I be		NAME (Type) Wilber R. Ellis Medical Center Salisbury, Wicomico md
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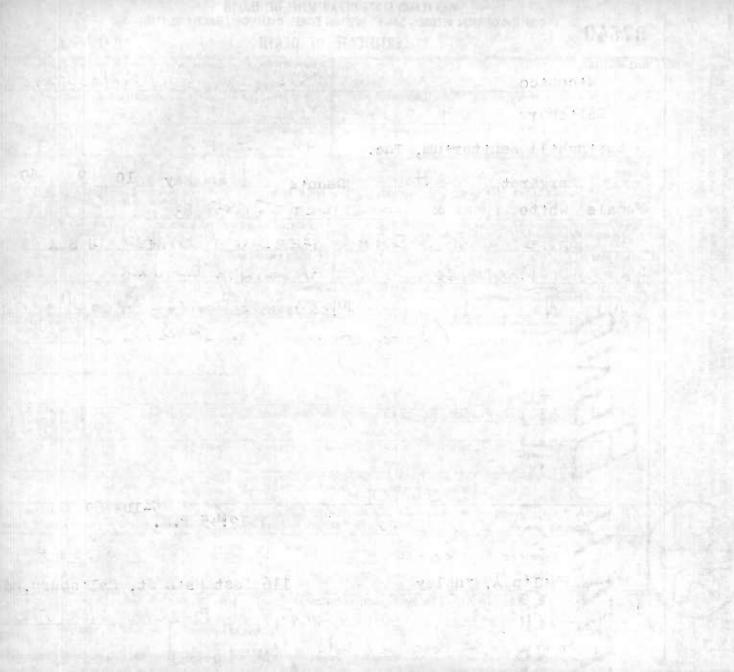
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07648 07631 CERTIFICATE OF DEATH within 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Wicomico MARYI AND c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (In outside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and camplefely filled in by th remove carban papers. Pag in any event, within 72 haurs 25 IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddless) d STREET ADDRESS Springhill Sanitarium. NO X The. Dov Year NAME OF DECEASED 1969 10 May DEATH (Type or print) Margaret burial, crematian, ar remaval, and in any event executed IF UNDER 1 YEAR I IF UNDER 24 HRS. 9. AGE (In years SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED last birthdoy) 83 yrs. Months Dovs Hours White Female WIDOWED X DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done requires that the death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY attending physician of sermit. Then please II S 14 "MOTHER'S MAIDEN NAME 13. FATHER'S NAME RG-INIA SON 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or winknown) (If yes give wor or dotes of service CAUSE OF DEATH (Enter only one couse per line for (9), (b)) and (c).)
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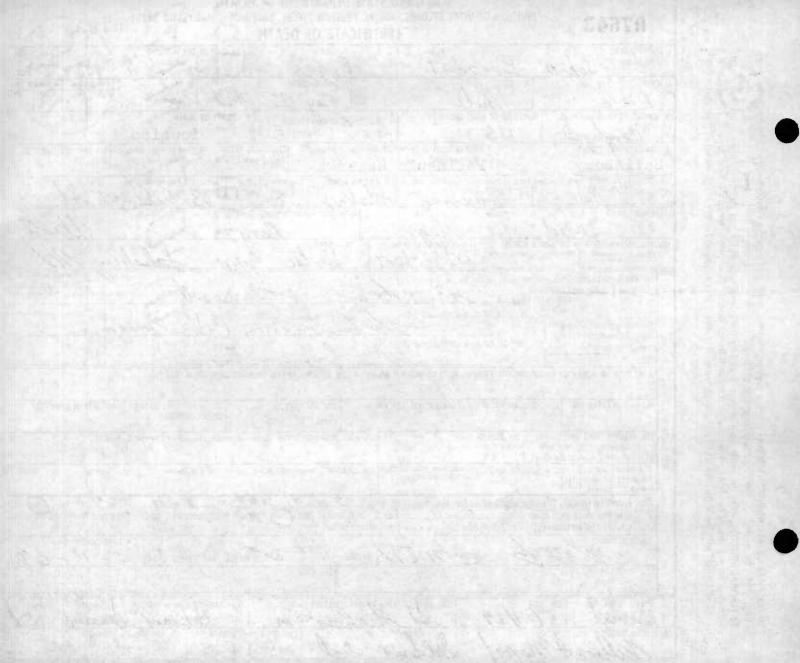
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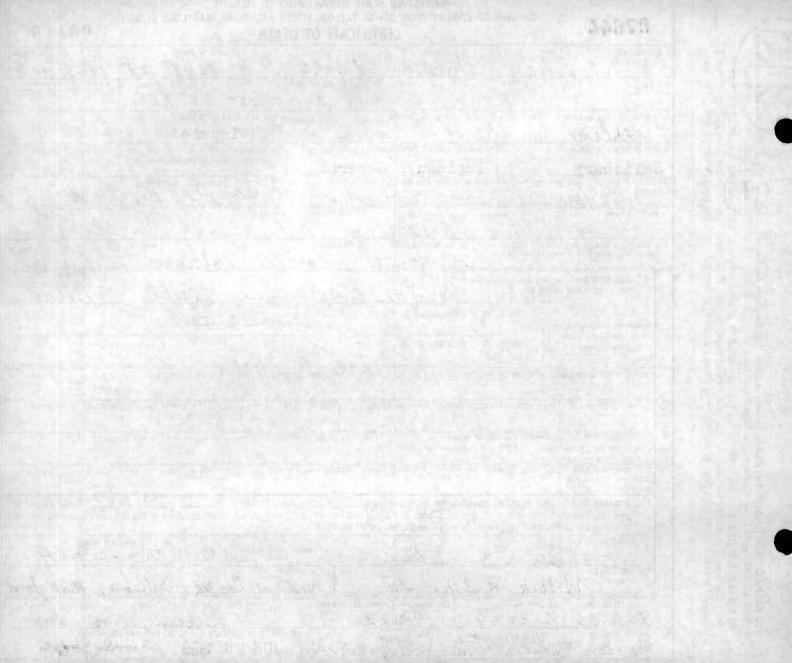
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07642 07633 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) ESTI-RICHARD LEE EUBANK 2PM 29 1969 May DEATH MATED delay IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR 3. SEX DAYS HOURS Yeor 69 8 Feb. 1951 29 land 2 with the State Departm Male White 21 7PM 18 'n 7o. BIRTHPLACE (Stote or foreign NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Office dlang with farm Wicomico Baltimore Md. US WIDOWED [DIVORCED [Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Poplar Hill Labor Camp Taborer Laborer **INDUSTRY** Quantico (Rural) None 13o. USUAL RESIDENCE (Where deceosed)(ved, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 3P COUNTY 307 S.Stricker St. Haurs of Baltimore YES 😿 NO after Middle IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Lost First Middle Lost RUBY SOWERS EUBANK BRYCE EDWIN pages haurs Page 4 shauld be farwarded to the Chief Medical Examiner ADDRESS (Same as# 13e) Mother 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO. 17. INFORMANT be executed within (Yes, never unknown) (If yes give war or dates of service) File 72 APPROXIMATE INTERVA in any event within CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Minutes IMMEDIATE CAUSE (o) Drowning DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (o), writing the word certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse remaval, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 gp CERTIFICATION be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO T YES 🗔 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor 10 3 should PRIMARY OR CONTRIBUTING cremotian, CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, CITY or Town County Stote FUNERAL DIRECTOR: Page necessary, please execute burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry and in my apinian the funeral director. death resulted from: Accident X Undetermined manner Natural causes Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S Dr. Earl L. Royer DEPUTY MEDICAL EXAMINER may Health Camden Ave. Salisbury, Md ADDRESS(Street, city, town, or county) 0 230. XUKIK KEPAMILIAN 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 30 May 1969 Baltimore, Maryland 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SALISBURY, MARYLAND 3 1969 HOLLOWAY & COMPANY VR A15ME (5) 10M REV. 1/68

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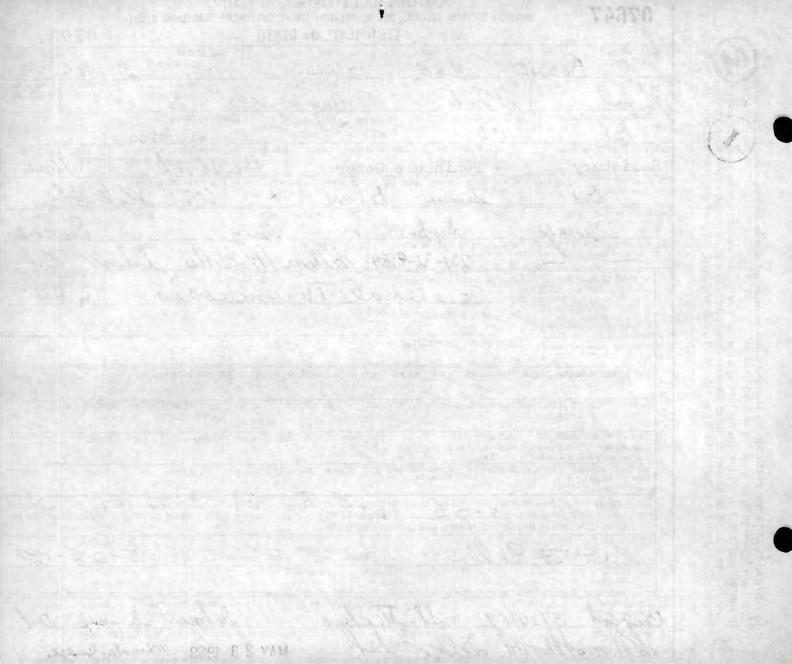
MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAI	ND 21201
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MARYLAND STATE DEPARTMENT OF HEALTH 07646 FOR STATE 07636 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME Middle 20. DATE KNOWN Month Doy 2b. HOUR Yeor (Type or Print) ESTI-RAYMOND THOMAS FOREMAN 5-25-690 8:25 M DEATH MATED of 2d. HOUR 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c DATE PRONOLINCED DEAD rtment 3. SEX 4-8-24 M AA MARRIED NEVER MARRIED 7o. BIRTHPLACE AStote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH Wicomico WIDOWED [DIVORCED T 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR give strep addres nsula General during mast of working life, even if retired.) Salisbury 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Rt. 3. Box 236E odmission) STATE Vab. COUNT Worcester Berlin Md. YES NO Lost 15. MOTHER'S MAIDEN NAME l and ? 14. FATHER'S NAME First First Middle Elsie Parker Annoris Foreman pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 301 W. PRESTON STREET, (Yes, no, or unknown) Ilice) Foreman Rt #3 Boy 236 E Ber 213-24-0152 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) should be executed any event within e, writing the ward "pending" i forwarded to the Chief Medical a burial-transit permit. PART I. DEATH WAS CAUSED BY: sudden IMMEDIATE CAUSE (o) Fractured skull DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ DIVISION OF VITAL RECORDS, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) or remaval, be used 20. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES NO NO the certificate, should be 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 3 should PRIMARY OR CONTRIBUTING Involved in auto accident. crematian, CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. City or Town 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, County Stote WHILE NOT WHILE AT WORK AT WORK Snow Hill, Worcester, Md. Route 12 220. I **certify** that I took charge of the remains described above, held on Autopsy ... Inspection X. Inquiry X, ond in my opinion burial, be retained far deoth resulted from: Notugal couses , Accident X, Suicide , Homicide Undetermined monner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED May 27, 1969 EXAMPLER'S Earl L. Royer DEPUTY MEDICAL EXAMINER Camdon Ave., Salisbury, Md ADDRESS (Street, city, town, or county) NAME (Type) LO9 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify)
Burial 5-28-69 New Bethel Berlin, Worcester, Md. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR VR A15ME 2 1969 Jolley Funeral Home, Salisbury, Md.

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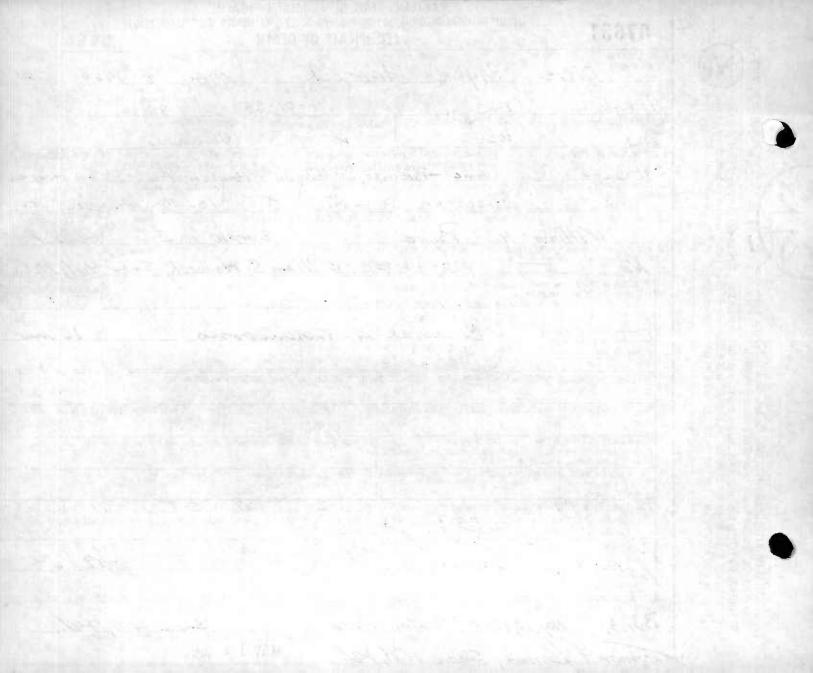
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07643 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) 2, and 3 to PM3. Page LAWRENCE WILLIAM HINMON 5-18-69 19 3:40M df. DEATH MATED Department 6. AGE (In years IF LINDER 24 HRS 3. SEX 4 RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Doy 7.8 Male 12-20-35 Yeor 1069 AA 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH 18. Give Pages 1, 2 alang with farm country) Va. U.S.A. Wicomico WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give strPtedinsula General during most of working life, even if retired.) INDUSTRY Salisbury work 130. USUAL RESIDENCE (Where deceased lived; if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY omack Withams odmission) STATE Va. in Item 18. YES NO NO within 124 haurs icate, writing the word "pending" in pentil in Item 1: be farwarded to the Chief Medical Examiner's Office after 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Corbin Edward Addie Hinmon haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no or unknown) (If yes give wor or dates of service) 230-42-5082 Mrs. Addie Lewis (mother) in any event within 72 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Crushed chest sudden DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse removal, and certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 CERTIFICATION used 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, YES 🗍 NO K 3 should be 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) crematian, ar 21g. EXTERNAL CAUSE WAS shauld PRIMARY OR CONTRIBUTING Pedestrian struck by automobile. CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. City or Town 21e. PLACE OF INJURY (At home, form, street, County State far yaur highway, Rt. 113, 3 mi. so. of Snow Hill, Worcester, Md. FUNERAL DIRECTOR: Page burial, 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X and in my opinian the funeral directar. Natural causes . Accident X Suicide . Homicide Undetermined manner be retained death resulted from: priar ta CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER May 19, 1969 Royer,/ DEPUTY MEDICAL EXAMINER may Health Camden Ave., Salisbury, MdADDRESS(Street, city, town, or county) 50 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Massongo Cemetery McKinley Park Va. 5-24-69 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1969 VR A15ME (5) Wharton & Savage, New Church, Va. 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH 07654 07644 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month 2b. HOURA (Type or Print) Lester Marion 19 691:00 3 to Poge Holloway DEATH MATED State Department of 4. RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH 2d. HOUR last birthday) Oct.12,1926 Male White 7a. BIRTHPLACE (Stote or foreign country) Hebron 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [DIVORCED Wicomico Wicomico Co Md.

10. CITY OR TOWN OF DEATH Give Poge 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Salesman Salisbury | give street address) | S. Park Dr. & Schumaker Rd. | 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN | 13c. 301 W. PRESTON STREET, BALTIMORE, Md 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Wicomico Salisbury YES NO 302 Glendale Dr. in tem ofter 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First ond Marion Sidney Holloway Ruth Rector pages 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** Salisbury, Md. (Yes, na, ar unknawn) (If yes give war or dates of service) This certificate should be executed within 213-22-8168 Mrs. Mildred D. Holloway wife. 302 Glendale Dr File 72 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ony event within permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carbon monoxide poisoning minutes DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony, which gave rise to immediate cause (a). e, writing the word forwarded to the Ch DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse = DIVISION OF VITAL RECORDS, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 00 MEDICAL CERTIFICATION or removol, nsed 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO TE YES [execute the certificote, 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 should ! PRIMARY OR CONTRIBUTING HOUR A.M. 2 5-29 19 69 Self inflicted, auto exhaust. prior to burial, cremation, CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED City or Town County factory, office building, etc.) WHILE AT WORK AT WORK may be retained for your FUNERAL DIRECTOR: Page 5. Park Dr. & Schumaker Rd., Salisbury Wic. Md. street the funeral director. Page 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection 🛣 , Inquiry 🛣 , for and in my opinion death resulted from Natural couses , Accident , Suicide , Homicide 7 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Earl L. Royer EXAMINER'S Dr. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) NAME (Type) 409 Camden Ave., Salisbury, Md. 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Burial
24. FUNERAL DIRECTOR Springhill Mem. Gardens
ADDRESS IZSG. REI Salisbury. Wicomico. Md. May 30, 1969 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15ME (5) Holloway & Company, Salisbury, Maryland 10M - 1/69

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			07657 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07647									
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\ <u>÷</u>	- 2 · ·	1. D	ECEASED-NAME FI	irst M	iiddle	Last	2a. DATE OF DEATH	2b. HOUR				
dea	funeral 1 and 2 er death.	(Type ar print) MARY	VIRGINI	A H	ahreus	Manth	Day Year 145A.				
	5-3	3. S	EX	4. RACE	1141	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.				
t to	E SE		Female.	White		19 July 1	last birthday)	MONTHS DAYS HOURS MIN.				
urs	Poess and a series	7a.	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTE	PV2 8		9. COUNTY OF DEATH	RS.				
न न	in 2 h	cau	Worcester (Co.Md. U	HIANNIED [NEVER MARRIED	Wicomico					
24	ape n 7	10	CITY OR TOWN OF DEATH	11 NAME OF HOS	SPITAL OR INSTITUTION (If no			Md.				
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pa	cor	13a.	USUAL RESIDENCE (Where decision)	eased lived, if institution: Reside	nce befare 13c. CITY OR		TOOL OTHERS THOUSEN					
2	e e e	duili	ission STATE Maryland	Wicomico	Salis	Bbury YES NO	X R.D.#5					
exe	and co s removin any		FATHER'S NAME First	Middle	Last 15	. MOTHER'S MAIDEN NAME F		Last				
be	i a		ROBERT	J. ATKINS	SON	MARY	ELIZABETH	MADDOX				
requires that the death certificate be executed within 24 hours after death	physician and completely filled ten please temove corban papa oval, and in any event, within 7	16a.	WAS DECEASED EVER IN U.S. A es, na, prunknawn) (If yes giv	ARMED FORCES? Ive war or dates of service)	L SECURITY NO. 17 II	FORMANT T.	Humphreys (AHu	shand)R.D.# 5				
ert	ending phy nit. Then ar remova	=				Salisbury	Maryland	APPROXIMATE INTERVAL				
±	attending permit. The ian, ar remo		PART I. DEATH WAS CAU	anly ane cause per line far (a), (JSED BY:	(b), and (c).)		/	BETWEEN ONSET AND CEATH				
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a e			4/22	DUE TO, OR AS A CONSEC	QUENCE OF		, , , , , ,					
+	the nsit p matric	100	Canditians, if any, which gav rise to immediate cause (a	1). (D)	Hypertens	give a Ante	ucselerotie Circlia	oseek Deserce				
₹.5	by fran		stating the underlying caus		QUENCE OF							
ires	signed by the burial-transit burial, cremat		last.	(c)								
200		23	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)					
, N 3 5	the rta	NO										
200	rificate has been signed by a factor of far use as the burial-train of Health priar ta burial, cre	CERTIFICATION	19a. DATE OF OPERATION 19	9b. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a. AUTOPSY?		S CONSIDERED IN CERTIFYING				
/ = = =	the se	RTIFI				YES NO NO	CAUSES OF DEATH?					
N Z 5	ate are		21a. ACCIDENT WAS UNDERLY	YING 21b. TIME OF INJURY	21c. HO	W INJURY OCCURRED (Enter	nature of injury in Part 1 or Part	2, Item 18.)				
CLA	持ちま	MEDICAL	OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. Manth (miner) P.M.		I/A						
OR ATTENDING PHYSICIAN:	After this certificate is state Dept. of Health	ME	214 INTITION OCCUPATED 21	THE PLACE OF INJURY (AT HOME, FAR		CATION Street or R.F.D. No.	City or Town	Caunty State				
4	this leta De		at work at work		NO, EIC.	I/A						
OR ATTENDING	ter tate		22a. I certify that (1) (this hospital) attended the	e deceased from	5-21 196	59 to 5-28	19 <u>69</u> , that (I) (we) lost date and haur and fram the				
S.	d b		saw the deceased	alive an 3 27	1967, and	that in (my) (aur) api	nion death accurred an the	date and hour and from the				
The Hard	# # # # # # # # # # # # # # # # # # #		canses stated and	ive, (I) (***) (did) (did not)	view the body ofter d	eath.						
A	RECTOR: A 3 shauld with the 3		22b. SIGNATURE	0	12	ATTENDING M	IED. STAFF 2	2c. DATE SIGNED				
	DO Se de	9		James h.	ColffeeloEGRE	EE PHYS. M	IED. STAFF PHYS.	5/28/69				
TO HOSPITAL	O FUNERAL DIRECTOR: After this ce director, page 3 shauld be detache shauld be filed with the State Dept.		22d. PHYSICIAN'S NAME (Type)	MES L. CL	I FFORD M.	22e. ADDRESS MEDI	ICAL CENTER	-SALISBURY MO				
105	O det &	23a.	BURIAL, CREMATION, 23E	b. DATE 23c.	NAME OF CEMETERY OR (23d. LOCATION (City or Town)	(Caunty) (State)				
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-	- X	24.	FUNERAL DIRECTOR	70/20/0/ 11.	ADDRESS	2Sq. RFC'D B'	Y REGISTRAR 40 25b. REGISTRA	PIS SIGNATURE CONTRACTOR				
	VR A15 (4) 45M - 1/69	F	OLLOWAY & C	COMPANY SAL	ISBURY, MAR	RYLAND DATE JU	REGISTRAR 1963b. REGISTRA	The state of the s				

WIATE BUILDING 19 July 1902 (E. 86 65.56 Blue .D. .oo redanogo House Missell Parland W. Stateshire actions of Landraid KOOKAM KTERATIE YEAR MOZNIKTA .U THEEGS .4. E. Horard) zy vytany 1, r besjoy. 21. Surfal May 30/1969 Wicomico Pengerial Park Burgard, waster 2

MARYLAND STATE DEPARTMENT OF HEALTH 07658 07648 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle First Lost 2a. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTI-DEATH MATED JOHN E. HURT 1969 2 A M partment 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE delay and 3 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED 2d. HOUR. Day 25 69 7:35 A Year M3 Male AA 20,1897 MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH De Wicomico alang with farm DIVORCED [WIDOWED | State Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR after death give Preet ridgess ula during most of working life, even if retired.) INDUSTRY Salisbury General the 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER degith BALTIMORE odmission) STATE 13b. COUNTY Delta Penn. YES NO haurs Item 18 Office of land2 1S. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Middle Lost Unknown Unknown pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS STREET (Yes, no, ar unknown) (If yes give war or dates of service) Lucille Hurt 925 Camp St. Indianeplei ransit permit. Fi event within 7 = 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 301 W. PRESTON e, writing the ward "pending" i forwarded ta the Chief Medical PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Acute congestive heart failure DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gove Hypertensive cardio-vascular disease rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF This certificate shauld any stating the underlying couse . PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) OS CERTIFICATION removal used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? VITAL WAS PERFORMED? YES NO execute the certificate. 3 shauld be should be 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 10 PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE YOUR FUNERAL DIRECTOR: Page 22a. I certify that I took charge of the remains described above, held an Autopsy K. Inspection X for burial, Inquiry X ond in my opinion funeral director. deoth resulted from? Noturol couses X Accident . Suicide Homicide Undetermined monner please CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE May 26. L. Rover. Earl DEPUTY MEDICAL EXAMINER Md ADDRESS (Street, city, tawn, ar caunty) Salisbury. NAME (Type) Camden Ave.. 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 Burial

REMOVAL (Specify) Salisbury Micomico Green Acress 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Clinton Stewart, Salisbury, Md.

26350 Asker J. Harris L. Edin L. H. Harris

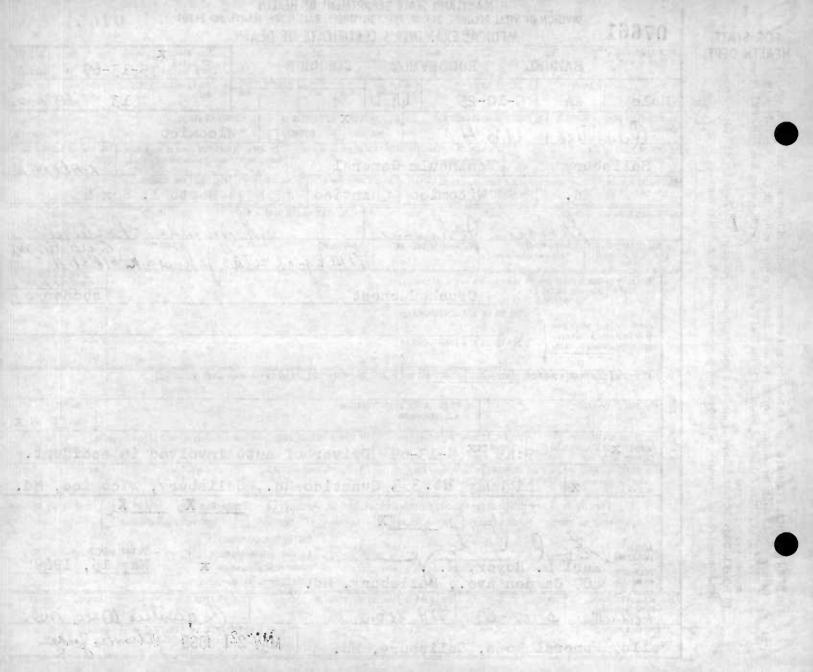
1			DIVISION				PARTMENT OF STREET, BA		ARYLA	ND 21201			
FOR STATE	17653 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH										07649		
HEALTH DEPT. ∴ ♀ ቈ	1. DECEASED-NAME First (Type or Print) ROSA			Middle MAE			JACKS ON			OF ESTI- DEATH MATED	בר אח		2b. HOUR 5:10 M
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orm orm	coun	17		U.S.	17.			IVORCED		licomico	,		Md.
hours after death any delay 1 them 18. Give Pages 1, 2, and 3 Office along with farm PM3. Page 1 and 2 with the State Department after death.			isbury	give s	treet address) Penins	ula G	10N (If not in hospi eneral			JPATION (Kind of w working life, even i		2b. KIND OF BUS NDUSTRY	INESS OR
hours after 18. Give Office along 1 and 2 with that after death.	13a.	USUAL RESIDENCE dmission) STATE	E (Where decease Md.	d lived, if institu	tion: Residence	before 13c. (erlin	YES NO		P.O. BO			
	14. F	ATHER'S NAME	First Rich	Middle Last IS. MOTHER'S MAIDEN NAME First Laged Weaver. ROSA						1	Aiddle	Loss	<i>es</i>
thin in i		WAS DECEASED EV es, na, or unknaw	ER IN U.S. ARMED FO	ORCES? ar or dates of service)	16b. SOCIAL SEC 264-5		17. INFORMANT	ves W		ADDR	, , , , ,	NSFICIO	-
ed wit in per le Exon t. File Prin 72		18. CAUSE OF	DEATH (Enter only		ne far (o), (b),	and (c).)						APPROXIMATE BETWEEN CINSET	INTERVAL ANO GEATH
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hi at		21a. EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY Manth, I		21c. HOW INJURY	OCCURRED (Ent	er nature	af injury in Part 1	or Port 2, Item	n 18.)	NO 🗌
= -		CAUSE OF DEAT		P.I	M	19		K TR					
EXAMINER: cute the certifoge 4 shauld in your files. E. Page 3 should it, cremation,		21d. INJURY OC		LACE OF INJURY (A ary, office building		street,	21f. LOCATION Stre	eet ar R.F.D. No.		City or Town		County	Stote
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TY plant of the rel of	ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER MAY 1										IGNED 196		
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TO D nece the 5 m TO FU		BURIAL, CREMA REMOVAL (Spec	ify),	DATE -17-69		AME OF CEMET	ery or crematory		23d. 1	LOCATION (City or To		, ,,	State)
VR A) 5ME (5)	24.	FUNERAL DIRECT	OR			ADDRESS		25o. REC'D		STRAR 2Sb.	REGISTRAR'S SI	GNATURE	2:
10M REV. 1/68		POTTO	Funera	al Home	. Sal	ishur	v. Md.	DATE	13	1000 4		1	La Contract

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FOR STATE							ERTIFICAT	E OF DE					
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18. Give Fe olong with the deoth.	13a	USUAL RESIDENC dmission) STATE	E (Where deced	sed lived, if insti	Micomi	e before 13c. CII	y OR TOWN	YES N	1.0	e. STREET AND NU		Lane	
24 hours a lin Item 18. rs Office of rs Jand 2 w	14.	ATHER'S NAME	First	Midd	le	Last	15. MOTHER'S A	MAIDEN NAME	First	1	Middle	Last	
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d be executed within 24 d "pending" in pencil in Chief Medical Examiners transit permit. File pages y event within 72 hours		WAS DECEASED EV		FORCES? Affor or dates of service)	16b. SOCIAL SE	CURITY NO.	17 INFORMANT	neli	ins	ADDI	ns		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07651 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME First Middle Lost 20. DATE KNOWNEL 2b. HOUR. (Type or Print) SAMUEL ROOSEVELT ESTI-JOHNSON delay is and 3 ta M3. Page o IO: IOM DEATH MATED the State Department IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOLINCED DEAD 2d. HOUR PM3. F Month = 5-10-25 AA Male 10 10 M 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED alang with farm Wicomico WIDOWED [DIVORCED [Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) "Ferringula **INDUSTRY** Salisbury General 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Wicomico admission) STATE Md. Quantico Route 1, Box 4 in Item 18. YES NO within 24 haurs I and 2 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME pades haurs shauld be farwarded to the Chief Medical Examiner pencil 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 66. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, or unknown) (It ves give war or dates of service) event within 72 .⊑ This certificate should be executed 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: "pending" Crushed chest sudden IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave in any e rise to immediate cause (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse remayal, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 CERTIFICATION 3 shauld be used 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗍 NO X 0 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY Manth, Day, Year MEDICAL PRIMARY CONTRIBUTING crematian, Driver of auto involved in accident. CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, City or Town County far yaur FUNERAL DIRECTOR: Poge Quantico Rd., Salisbury, Wicomico, Md. burial, Inspection X 22a. I certify that I took charge of the remains described above, held an Autapsy ... Inquiry K. and in my apinian death resulted from: Natural couses ... Accident X Suicide Homicide [Undetermined manner retained CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE may be 1969 L. Royer. May 15. Earl DEPUTY MEDICAL EXAMINER Camden Ave., 409 Salisbury, MdADDRESS(Street, city, town, or county) the 50 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (State) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) Jolley Funeral Home, Salisbury, Md.



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END ned N: A uld I		saw the deceased alive	(we) (did) (old por) view the	_19 L , and that in (my) (6	aur) apinian death accurred a	h the date and havr and fran	n the
OR ATTENDING be retained by th DIRECTOR: After the 3 should be ded with the State		22b. SIGNACION	1 10	Markon	1	22c. DATE SIGNED	_
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TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt		22d. PHYSICIANT NAME (Type)	Thert Se	mb/4MP22e. ADDRESS	taliskur	nd 2180	1
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MARYLAND STATE DEPARTMENT OF HEALTH 07663 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07653 HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN 2b. HOUR (Type or Print) ESTI-CLAYTON OLIVER JONES 8: 50 M DEATH MATED delay IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR State Departme and 6-13-1893 Male White Yeor 8:50 M any 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) U.S.A. Wicomico WIDOWED [DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Salisbury give Perfirmsula General INDUSTRY 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTWORCESter odmission) STATE Md. Pocomoke Rt. 2 YES NO 🔀 after 1S. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Marion Harris Jones Clementine Malov Redden in penkil in Examiner s 16b. SOCIAL SECURITY NO. 17. INFORMANT (nephew) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) 217-36-1049 Richard E. Jones, Rt. 3, Pocomoke, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: This certificate should be executed BETWEEN ONSET AND OFATH event within burial-transit permit. IMMEDIATE CAUSE (o) Cerebral hemorrhage, spontaneous minutes DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove (b) Arteriosclerotic cardio-vascular disease years rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF any stoting the underlying couse and in DIVISION OF VITAL RECORDS, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ar remaval, 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗔 NO X the certificate, 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) funeral director. Page 4 22a. I certify that I taak charge af the remains described abave, held an Autopsy , Inspection X Inquiry X, and in my opinion death resulted from: Natural causes X. Accident Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED EXAMMER'S, Earl L. Royer, XM.D. May 26. 1969 DEPUTY MEDICAL EXAMINER NAME (Type) 109 Camden Avel. Salisbury. Md . ADDRESS(Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 5-28-69 Goodwill Methodist
ADDRESS | 250. RE st Pocomoke Wor Me 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Watson, Pocomoke, Md. Meliones 1969

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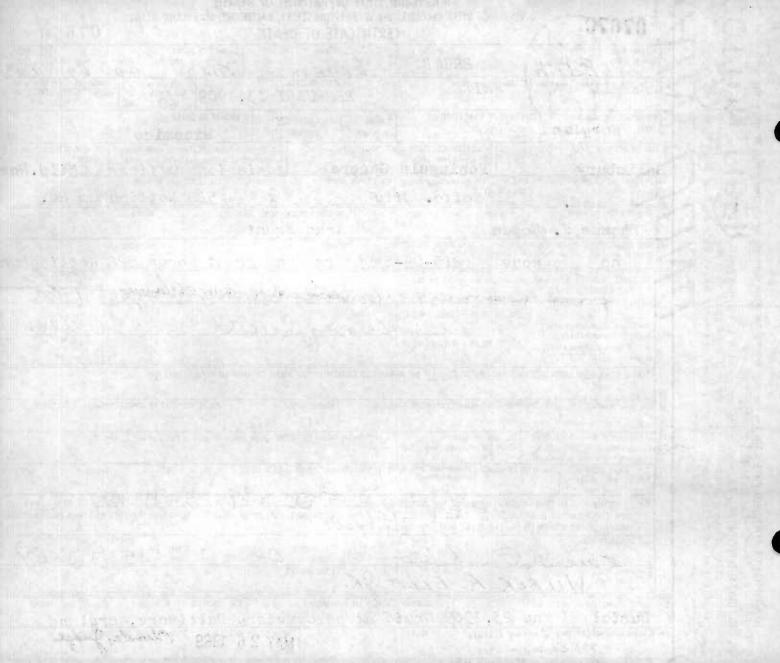
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22d. PHYSICIAN'S 22e. ADDRESS	DATE SIGNED
NAME (Type) L. V. Maldve, M. D. Deer's Head State Hospital,	DATE SIGNED 5/19/69 Maryland
230 RUPLAL CREMATION 23h DATE , 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town)	5/19/69 Maryland
MANUSPECTY) 5/34/69 (31/3/1/8 Cem. BINZIUE, /	5/19/69 Maryland
24. FUNERAL DIRECTOR MADDRESS ADDRESS ADDRESS DAMAY 2 1 1969 Climate	Maryland Salisbury, (County) (State)

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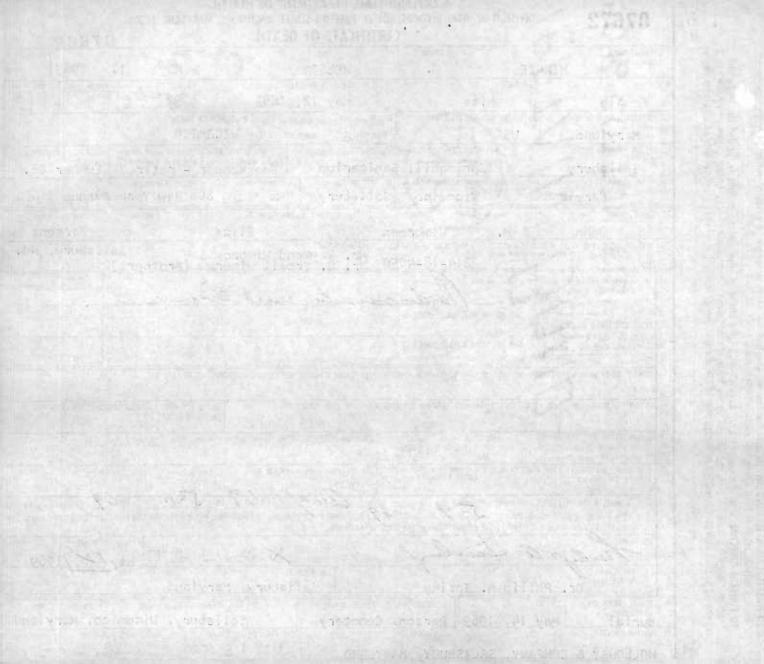
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	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Them FilmG413 6/5/69 kk CERTIFICATE OF DEATH	
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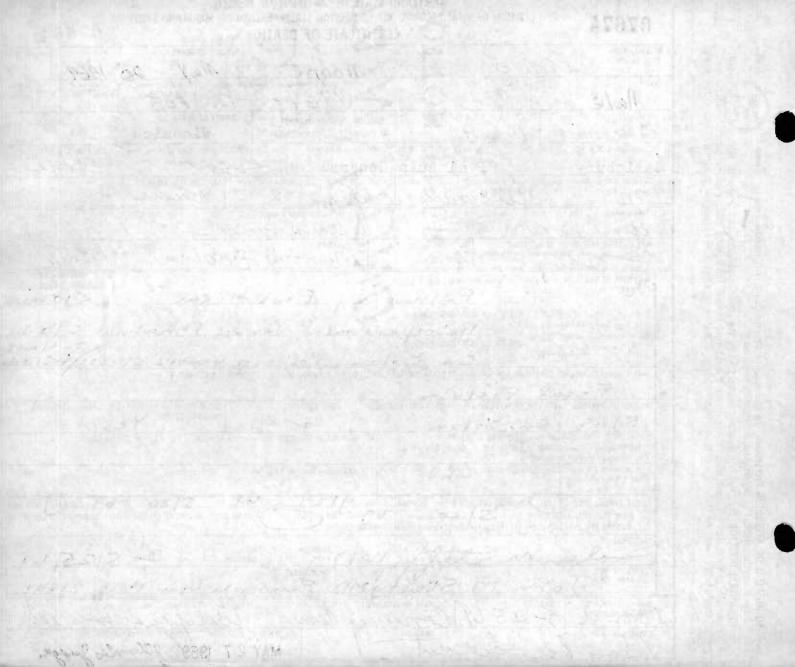
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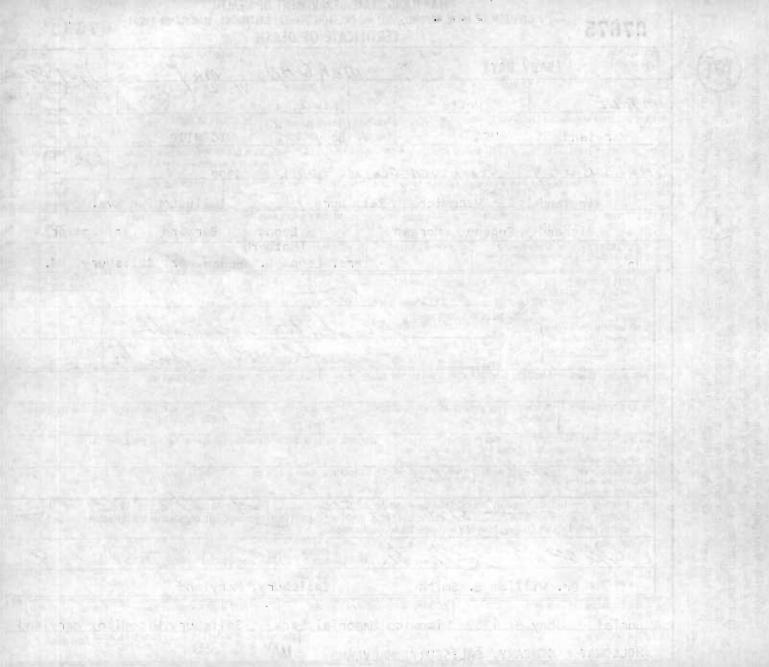


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	bind by the After the be de State		22a. I certify that (I) (th	is hospitol) attended the deced	sed from 4127	969, to 5/20, 19	69, that (I) (we) last
	etained by th CTOR: After t should be de		sow the deceased o	e, (I) (we) (did) (did not) view th	e body ofter death	opinion death occurred on the dat	e ond haur and from the
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MARYLAND STATE DEPARTMENT OF HEALTH

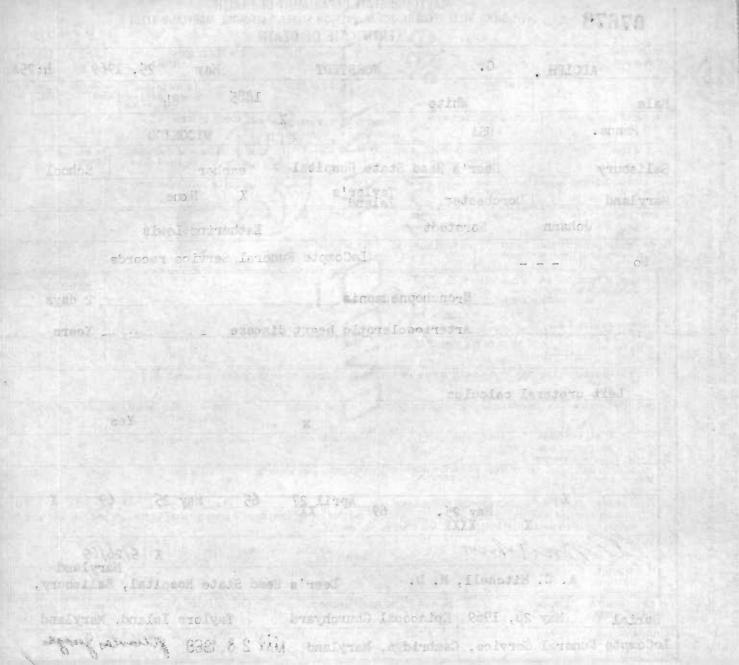


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07666 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT 1. DECEASED-NAME Middle Lost 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) OF ESTI-DEATH MATERIAL PHILIP any delay is 2, and 3 ta JAMES MORRIS Page 5:45 M 6. AGE (In years IF UNDER 24 HRS. 2d. HOUR 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Doy 19 Yeor 169 Male AA 8/18/1937 10 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIEDE 4 should be farwarded to the Chief Medical Examiner's Office along with farm country) Maryland Item 18. Give Pages 1, WIDOWED [Wicomico DIVORCED State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address Pond Salisbury the 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER after death. 13b. COUNTY Wicomico odmission) STATE Md. Salisbury YES NO 109 Second St. land2 First Middle 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Pauline = haurs Marris Ryder Warner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT be executed within (Yes, no. or unknown) (If yes give war or dates of service) Pauline Merris 608 Hill St. event within 72 .⊑ 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: "pending" IMMEDIATE CAUSE (o) Drowning minutes DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove rise to immediate couse (o), in any This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ar remaval, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 3 shauld be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO execute the certificate, 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year MEDICAL PRIMARY IN OR CONTRIBUTING crematian, Found drowned. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) DIRECTOR: Page WHILE AT WORK AT WORK Mitchell Pond, Salisbury, Wic., Md. the funeral directar. Page burial, 22a. I certify that I tack charge of the remains described above, held an Autopsy K. Inspection K Inquiry K and in my apinian Natural causes , Accident X, Suicide , Homicide Undetermined manner may be retained FUNERAL DIRECT death resulted fram CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED L. Royer, M.D. May 19, 1969 DEPUTY MEDICAL EXAMINER 5 may ro FUNE Health Camden Ave., Salisbury, Md &DDRESS(Street, city, town, or county) NAME (Type) LLO9 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Burial Green Acress Salishury Wicomi 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 1969 VR A15ME (5) Clinton Salisbury, Md. 10M REV. 1/68

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•	24 haur	É	BIRTHPLACE (State or fareign structure) Baltimore	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED NIVORCED DIVORCED	9. COUNTY OF DEATH Wicomico Md.
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	physicien physicien en pleas aval, and	160	. WAS DECEASED EVER IN U.S. ARA			Murphy(Wife)
1927	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by execting the page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conditions, page 3 should be detached far use as the burial-transit permit. Then please remains should be filled with the State Dept. of Health prior to burial, cremation, or remaval, and in any	24.	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last. PART 2. DTHER SIGNIFICANT (D) 19a. DATE OF OPERATION 19b. 21a. ACCIDENT WAS UNDERLYIN 19b. OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination of work 22o. I certify that (I) (1) saw the deceased a couses stoted above 22b. SIGNATURE 22b. SIGNATURE 2b. S	DUE TO, OR AS A CONSEQUENCE OF (b)	RECORNED 21c. HOW INJURY OCCURRED (Enter bady after death. 21c. HOW INJURY OCCURRED (Enter bady after death. A DEGREE ATTENDING PHYS. 22e. ADDRESS	Addenal Post-colic Pectory & post-colic ONDITION GIVEN IN PART Italy 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In nature of injury in Part 1 or Post 2, Item 1B.) City or Town County State 19 62, that (1) (we) last nion death occurred on the date and haur and from the left. PHYS. 22c. DATE SIGNED Y, Maryland 23d. LOCATION (City or Town) County) (Stote) Salisbury, Maryland

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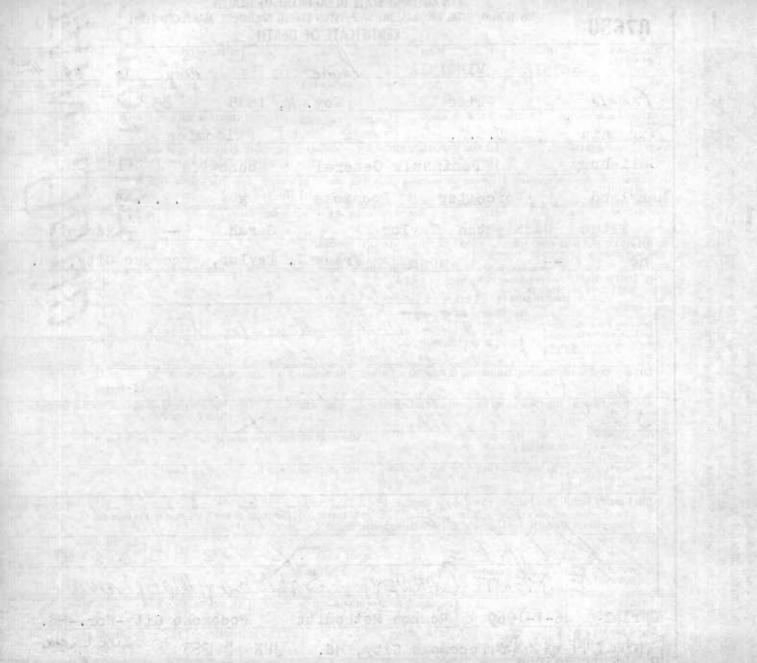


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07679 CERTIFICATE OF DEATH 07669 1. DECEASED-NAME First funeral 1 ond 2 1er death. Middle Lost 2a. DATE OF DEATH 2b. HOUR 24 hours after death (Type or print) May **EDGAR** CALVIN PARKS icion ond completely tilled in by the fur lease remave carbon papers. Pages I ond in any event, within 72 hours after 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) May 27, 1902 MONTHS Male White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) USA Maryland WIDOWED DIVORCED WICOMICO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Peninsula General Hospital during mast of working life, even if retired) . INDUSTRY
Retired Service Station Attendant Salisbury 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🗔 Wicomico Salisbury Rt. 3, Ocean City Road Maryland 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Ella Rencher Parks James certificate 17. INFORMANT (Wife) 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address (If yes give war or dates of service) buriol, cremation, or removol, 578-10-5722 Mrs. Nettie F. Parks, Salisbury, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and(c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by the buriol-transit Conditions, if ony, which gove rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE O stating the underlying couse PART 2. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been be detoched for use as the State Dept. of Health prior to ITTENDING PHYSICIAN: The law 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T **DIRECTOR:** After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an... 1901 and that in (my) (aur) apinian death accurred an the date and haur and from the retained director, page 3 should shauld be filed with the causes stated above, (1) (we) (aid) (did not) new the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. 1969 PHYS. TO FUNERAL 22e. ADDRESS Dr. E. M. Beardsley Salisbury, Maryland 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
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UN UN Dulc	230	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF	CEMERY OR CREMATORY		23d. LOCATION	(City or Town)	- 1	County)	(Stote)
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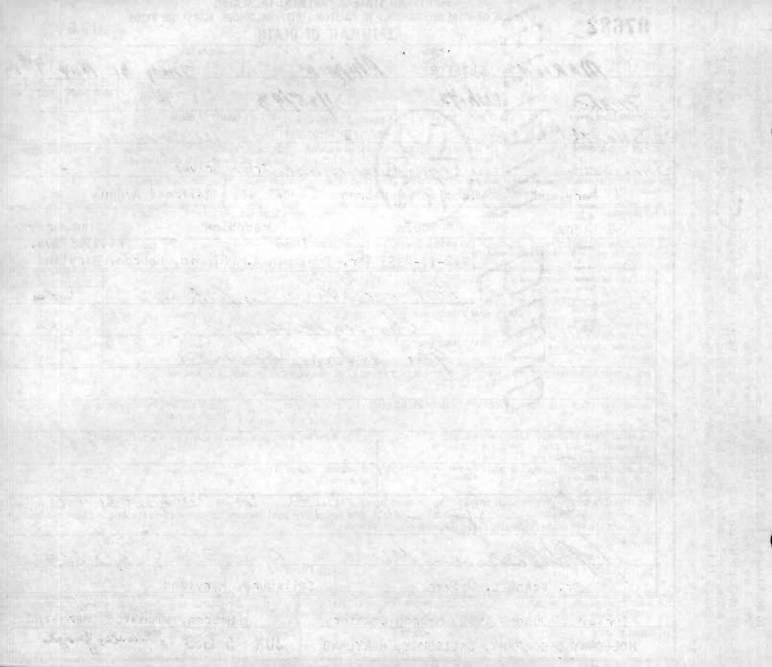
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1	FEMAL		hite	Hereathy are	April 10	0, 1928	last birthday	yRS. MONTHS DAYS	HOURS MIN
70	. BIRTHPLACE (State or untry)		EN OF WHAT COUNTRY	THE STATE OF	NEVER MARRIE		INTY OF DEATH		
	Marylar		USA	WIDOWE			COMICO		Md
	CITY OR TOWN OF DE		give street address	ITAL OR INSTITUTION (1:)		during most of v	JPATION (Kind of work warking life, even if re	done 12b. KIND 0	F BUSINESS OR
13	ALIS BU	Vhere deceased lived	if institution. Pasidone	A GENERAL	HOSPITAL	House I INSIDE CITY LIMITS?	varking life, even if re wife 13e. STREET AND NUM	DED.	
ad	missian) STATE	ryland 13b.	Wicomic	Sali		ES NO		sell Ave.	
14	. FATHER'S NAME	First	Middle	Lost	1S. MOTHER'S MAID	EN NAME First		ddle	Last
	Н	oward		Riggin		Lydia			oates
16	a. WAS DECEASED EVER	R IN U.S. ARMED FORCE		SECURITY NO. 17	INFORMANT(Hu	sband)	Ado	dress	
	Yes, na, ar unknawn)	(ii yes give war or dares of	zervice)	1	1r. John	A. Payne	, Salisbur		
	1B. CAUSE OF DEA	TH (Enter anly one ca	use per line far (a), (b), and (c).)		1.	. ,	APPRO: BETWEEN	NIMATE INTERVAL ONSET AND DEATH
	PAKI I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE	(0) Fibro.	sarcoma	gleft.	pedres	with	7m	nthe
	1870	DUE	TO, OR AS A CONSEQ	VENCE OF Mex	fastasu	100			
L	Canditians, if any, rise to immediate	couse (o).	(b)						
L	stoting the underl	ying cause DUE	TO, OR AS A CONSEQ	UENCE OF					
	-	NIFICANT CONDITIONS	(c)	TH RUT NOT PELATED	TO THE TERMINAL D	ISEASE OF CONDITIO	ON GIVEN IN PART 1(o)		
	100 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MITCANT CONDITIONS	CONTRIDUCTION TO DEA	THE DOT NOT KELATED	10 THE TERMINAL D	ISEASE ON CONDITIO	ON OUTER IN PART I(U)		
CEPTIFICATION	19a. DATE OF OPERA	TION 19b. CONDITIO	N FOR WHICH OPERATIO	ON WAS PERFORMED	20a. AUTOPSY	(?		DINGS CONSIDERED IN	CERTIFYING
2	10/18/68		rephresto	my	YES 🗀	NO.	CAUSES OF DEATH?		
			D. TIME OF INJURY JUR A.M. Month De	21c.	HOW INJURY OCCUR	RED (Enter nature	of injury in Part 1 or	Port 2, Item 18.)	
MEDICAL	(If either, notify me	edicol examiner)	P.M.	19			THE HOUSE		
M	21d. INJURY OCCUR While Not while	RED 21e. PLACE OF	INJURY (AT HOME, FARM OFFICE BUILDIN	A, STREET, FACTORY.) 21f.	LOCATION Street a	r R.F.D. No.	City or Tawn	County	Stote
			Anii attandad tira	danama di fue '	123/15	10	to 5/2//5	10 41	1 (1) 4) 1
	saw the d	eceosed alive on.	5/3/65	aeceasea tram_	nd that in (mv)	, 19, (our) opinion o	to_5/3/69 leoth accurred an	, IY, tha	t (I) (we) last
	causes sta	ted above, (I) (w	e) (did) (did not) v	iew the body afte	r death.	, , . p			
P	22b. SIGNATURE	1 m	(1,-	11 2	ATTENDING	MED.	STAFF -	22c. DATE SIGNED	
	22d. PHYSICIAN'S	mu / 11	Jon -	19 DE	GREE PHYS.	DIRECTOR	STAFF PHYS.	5/3/69	
	NAME (Type)	Dr. Ray	mond M. Y	OW	Salis	bury, Ma	ryland		
3	a. BURIAL, CREMATION			NAME OF CEMETERY C			LOCATION (City or Tow	n) (County)	(Stote)
	REMOVAL (Specify). Burial	May 5,		rsons Cem		- 1			
24	. FUNERAL DIRECTOR			ADDRESS	25	a. REC'D BY REGIS	TRAP 25b. REGI	STRAR'S SIGNATURE	100
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	1/-		07682	DIVISION OF VITA				MORE, MARYLAND 2120	07672	
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/	ath.		ECEASED-NAME First Type ar print)		* Middle	01	ust 🛫	2o. DATE OF DEATH Month	Day Year 2b. HOUL	R
	der		MARIO	N CLIF	FORD	Phipp	IN	may	31 1969 9-1	M
	fter fter fter	3. S	EX	4. KACE	-,	5. DA	TE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HE MONTHS DAYS HOURS MI	RS.
	S + BS		mare	Whit	e		125/93	last birthday)	YRS.	irea.
-	in by the funeral ars. Pages I and 2 2 hours after death.		BIRTHPLACE (State ar foreign	7b. CITIZEN OF WHAT CO	OUNTRY?	8. MARRIED NE	VER MARRIED 9	COUNTY OF DEATH		
	d ir d ir		SHOAMING	u.5.		WIDOWED	DIVORCED	Wicom	101	Md.
	ted within 24 hau paterely filled in b corban papers, rent within 72 ha	10.	CITY OR TOWN OF DEATH	11. NAME DI	HOSPITAL OR INST	ITUTION (If nat in ho		OCCUPATION (Kind of work do		
	OL win	5	ALISBURY	WICE SHEET	o mico	nuesing		t of warking life, even if retire CK_Driver	ed.) INDUSTRY _	
	ent co et	13a.	USUAL RESIDENCE (Where decease	d lived, if institution: R	esidence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMI	TOOL DILLEGI LINE HOUSE		
	competely to competely to competely to corban by event, with the corban	uun	Maryland	13b. CDUNTYWico	mico	Hebron	YES NO	Railroad A	venue	
	and any	14.	FATHER'S NAME First	Middle	Last	IS. MOTE	HER'S MAIDEN NAME Fire		- 6431	=
	d in di		Henry		Phippin	1.4	Jose	phine	Humphrey	
	physician please nen please noval, and in	160	WAS DECEASED EVER IN U.S. ARM	r or dates of service)	SOCIAL SECURITY NO		ANT (Son)		sPhillips Ave.	-
	ohys val,		No.	21	2-10-895	55 Mr. E	Benjamin A.	Phippin, Hebr		
	and He		18. CAUSE OF DEATH (Enter anl	ane cause per line far	(a) (b), and (c).)		_ ~	1	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH	
	he death ce s attending p permit. The tion, or remo		PART 1. DEATH WAS CAUSED IMMEDIA	BY: TE CAUSE (a)	Post o	seras	me n	Metin	3 da	
	affe on,	0.5	575V	DUE TO, OR AS A O	ONSEQUENCE OF	1				
	t th sit p		Conditions, if any, which gave rise to immediate couse (o),	(b)	C1.	roller	Hectory		Burks	
+	physician. physician. signed by the burial-tronsit burial, cremati		stoting the underlying cause	DUE TO, OR AS A C	ONSEQUENCE OF	9	1 1/			
3	res rsicion red rial-t rial-t		last.	(c)	Gler	ander	under	ung		
11	phy sign bur bur		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING 1	DEATH BUT NOT	RELATED TO THE	ERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)		
0	ing ing sen the r to	No.								
	bing PHYSICIAN: The low requires that the death certificate be executed within 24 by the hospital or ottending physician. After this certificate has been signed by the attending physician and competely filled be detached for use os the burial-transit permit. Then please because corban page Stote Dept. of Health prior to burial, cremation, or removal, and in any event, within 7	CERTIFICATION	190. DATE OF OPERATION 19b. (ONDITION FOR WHICH OF	ERATION WAS PERF	FORMED 20	a. AUTOPSY?	20b. IF YES, WERE FINDING	GS CONSIDERED IN CERTIFYING	
	The safe	RIF					YES NO			
	deo de		21a. ACCIDENT WAS UNDERLYING		RY nth Day Year	21c. HOW INJ	URY OCCURRED (Enter i	noture of injury in Port 1 or Por	t 2, Item 18.)	3
	of filling of the control of the con	MEDICAL	(If either, notify medical examin	er) P.M.	19					
	OR ATTENDING PHYSICIAN: be retoined by the hospital or DIRECTOR: After this certificate le 3 should be detached for u ed with the Stote Dept. of Heol	E	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HO	ME, FARM, STREET, FACTO BUILDING, ETC.	ORY.) 21f. LOCATION	Street or R.F.D. Na.	City or Town	County State	
	the det		While Nat while at wark							
	by Sto Sto		22a. I certify that (1) (thi	haspital) attended	the deceased	from Ma	196	9, to may 31,	19 <u>69</u> , that (1) (we) le date and haur and fram t	ast
	R: A See A S		saw the deceased al causes stated abave	(I) (we) (did) (did)	oft) view the h	adv after death	in (my) tour) apini	an death accurred an the	date and haur and fram t	he
	ATI State of the s		22b. SIGNATURE	(1)(10)(10)	97,10111100	20, 21101 202111			22c. DATE SIGNED	
	OR IRE od w		74/1	100	h	DEGREE F	ATTENDING MEI	D. STAFF DECTOR PHYS.	6/2/10	
	AL D		22d. PHYSICIAN'S				2e. ADDRESS	1100	0/0/0/	
	FRA ERA Dr., F		NAMAE (Type) Dr. F	rank L. Wea	ver		Salisbury	, Maryland		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please hander corban papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	23a	BURIAL, CREMATION, 23b. D			METERY OR CREMA	TORY	23d. LDCATION (City ar Town)	(Caunty) (State)	=
	5 5 p		REMOVAL (Specify) Burial J	une 4,1969	Hebron	Cemetery			nico, Maryland	
	VR AISTAD	24.	FUNERAL DIRECTOR		ADDRESS		2Sa. REC'D BY	REGISTRAR 25b. REGISTR		
	45M - 169		HOLLOWAY & C	OMPANY, SAL	ISBURY,	MARYLAND	DATUN	5 1969	0	



						PARTMENT OF H		
1		07683	DIVISIO	N OF VITAL RECORDS	, 301'W. PRE	STON STREET, BALTI	MORE, MARYLAND 212	01
7						TE OF DEATH		07673
± −2±	1.	DECEASED-NAME	First	Middle		Lost	2o. DATE OF DEATH	2b. HOUR
rours after death. by-the funeral Pages J and 2	-	(Type or print)	ELTON	ALFRED	Pow	119	May	Doy Yeor 1969 753 N
fer full	3.	SEX	4. RACE		S.	DATE OF BIRTH	6. AGE (In year	S IF UNDER 1 YEAR IF UNDER 24 HRS.
To sa		Male		White		August 7, 1	918 last birthday) 50	YRS. MONTHS DAYS HOURS MIN.
John de Land	70	. BIRTHPLACE (State or fore	ign 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	
24 led in		Maryland	U	SA	WIDOWED	DIVORCED [Wicomic	
前龍	() A 10	. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR IN give street oddress)		n hospitol 120. USUA	L OCCUPATION (Kind of work of	
wit wit with with with with with with wi	30	Salisbury	deceased three of	Peninsula institution: Residence before	Gener	al Sale	st of working life, even if retines sman	red.) INDUSTRY Baking Co.
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, is ensisted are attending physician. The complete stilled in by the funeral stacked far use as the burial-transit permit. Then plette remark carban papers, Pages J and 2 Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours efter death.	22 00	mission) STATE Mary	land 13b. COL	INTY Wicomico	Parsons	WN 13d. INSIDE CITY LIA		
exec d co	14	FATHER'S NAME First		ddle Lost		OTHER'S MAIDEN NAME Fir	rst Midd	ile Lost
de la		Joh	n Ryde	er Powel	, Sr.	Mary		Brittingham
an Sicial	14	Yes, no, or unknown) (If	U.S. ARMED FORCES? I yes give war or dates of ser			RMANY (Wife)	Addre	
phy ovo	-	Yes	War II	215-12-6		Mary L. Po	well, Parsons	
he death ce attending p permit. The	-	18. CAUSE OF DEATH (E PART I. DEATH WAS	inter only one couse	per line for (o), (b), ond (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
deat deat tend mit.		F 111 V	IMMEDIATE CAUSE (a)		Moni	412		72 hu
the at pel		Conditions, if ony, which		O, OR AS A CONSEQUENCE OF		ubunian.	P.L.	
y th y th unsit		rise to immediate cous	se (o), (D, OR AS A CONSEQUENCE OF		urmonard	Tiprosis	9 153
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quir phys phys igne igne ourio		PART 2. OTHER SIGNIFICA	ANT CONDITIONS COL	NTRIBUTING TO DEATH BUT N	IOT RELATED TO TH	IE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART I(o)	
v reing en sen stab		0	3 YR X	ulmon	ale			
The law ratending has been se as the h priar ta	2	190. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION WAS P	ERFORMED	20o. AUTOPSY?		NGS CONSIDERED IN CERTIFYING
The aff	also la					YES NO	CAUSES OF DEATH?	
AN: al al icate far u	1	21a. ACCIDENT WAS UNI		IME OF INJURY A.M. Month Doy Yeor	21c. HOW	INJURY OCCURRED (Enter	noture of injury in Port 1 or Po	ort 2, Item 18.)
SICI spit spit entif eed	MEDICAL	(If either, notify medical 21d. INJURY OCCURRED	exominer)	P.M. 1	9			
Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar ta		While Not while of work	21e. PLACE OF IN	JURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	21f. LOCAT	ION Street or R.F.D. No.	City or Town	County State
ING by the ter the tate	343		(I) (this hospital) attended the deceas	ed fram	ext 196	10 May 18	, 19 64 , that((1)) we) last
OR ATTENDING be retained by th URECTOR: After a e 3 shauld be d ed with the State	3	saw the decea	sed alive on_	(did) (did not) view the	1969, and th	nat in (my) (our) apin	ion death occurred on th	, 19 <u>64</u> , that (I) (we) last ne dote and hour ond fram the
ATT ATT CTO Shau		22b_SIGNATURE	and a TID (we)	(did flot) view file	Dudy uner ded			22c, DATE SIGNED
OR De re	1	Darker (5 BD	elselen D	11) DEGREE	ATTENDING ME	B. STAFF PHYS.	5-18-69
ral nay Al C pag e fill		22d. PHYSICIAN'S	Jaha T	D. 11 1	1	22e. ADDRESS		
Page 4 may be retained or FUNERAL DIRECTOR: A director, page 3 shauld be filed with the 8				Bulkeley			y, Maryland	
HC age	23	o. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE		CEMETERY OR CRE		23d. LOCATION (City or Town)	, ,, ,,
5-5	0 20	REMOVAL (Specify) Burial FUNERAL DIRECTOR	May 21,	1969 Wicomic	o Memori		Salisbury, Wice	omico, Maryland RAR'S SIGNATURE
VR A13 (45M - 1)	69		COMPANY,	SALISBURY,		MAY 2	2 969 25b REGIST	RAKS SIGNATURE

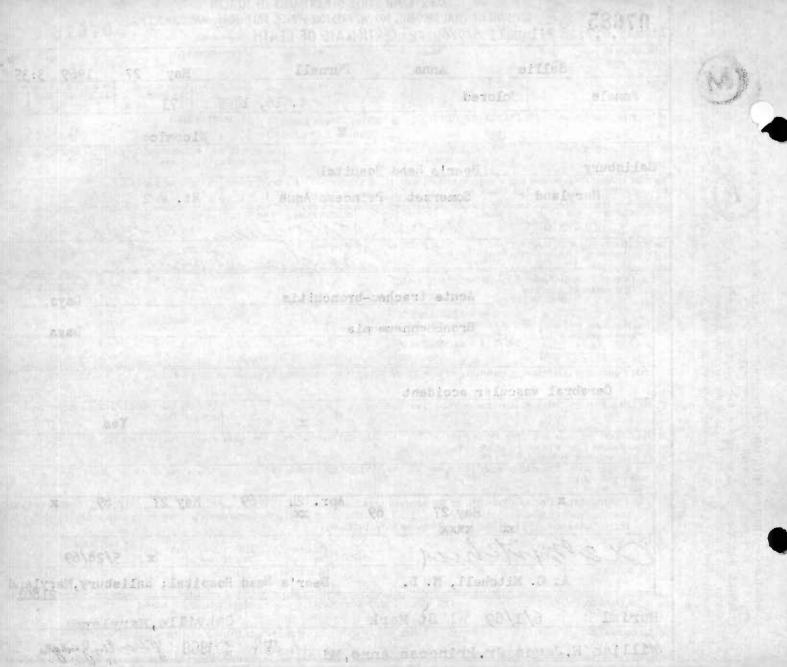
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	1		MARYLAND STATE DEPARTMENT OF HEALTH	
		0 20 0 0	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
		07684	CERTIFICATE OF DEATH	07674
₩ _ Z ₩		ECEASED-NAME First	Middle Lost , 2a. DATE OF DEATH	, 2b. HOUR
er death. funeral 1 and 2 er death.	((ype or print) TAM	ES ElMED POWELL Mª MODI	
fun er d	3. S		4. RACE 1	In years I IF UNDER I YEAR IF UNDER 24 HRS.
hours after by the street hours offer hours offer hours of the street hours of the str		Mal.	White March 8 1902 last bir	thday) MONTHS DAYS HOURS MIN.
urs (5 to 5 t	70	BIRTHPLACE (State or foreign		YRS.
24 hours after death ed in by the funeral pers. Pages 1 and 72 hours after death	COU	ntry) MO	75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED	
filled pape thin 7	1D. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of	work done 12b. KIND OF BUSINESS OR
ampletely filled in ve carban paper event, within 72		Lale burn	give street address) Hos sular during most of working life, even	
ent,	130.	USUAL RESIDENCE (Where deceo	sed lived, if institution: Residence before 13c (ITY OR TOWN 13d. INSIDE (ID LIMITS? 13e. STREET AND	
s'executed and complet remove car	odm	issian) STATE	136. COUNTY Memus Relmy YES NO 307 E	Chromill off-
- B B	14.	FATHER'S NAME A First	Middle Last 15. MDTHER'S MAIDEN NAME First	Middle Lost
be in all	100	Ohis	Padrel Cora	Tarlot
ATTENDING PHYSICIAN: The law requires that the death certificate be exerted by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and to should be detached for use as the burial-transit permit. Then please remo ith the State Dept. of Health priar to burial, cremation, or remaval, and in any		WAS DECEASED EVER IN U.S. ARI es, no, or unknown) (If yes give	MED FORCES? var or dates of service) 16b. SOCIAL SECURITY ND. 17. INFORMANT	Address ml
phy avo	=		Mysian L. 10war &	APPROXIMATE INTERVAL
he death ce attending (permit. The		 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE 	ally one cause per fine for (n), (b), and (c).)	BETWEEN ONSET AND DEATH
end end or r	13		ATE (AUSE (0) Tuturon any Decompens alson	24hm
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tha an. by ran cren		stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	
equires that the physician. signed by the burial-transit burial, cremat		last.	(1)	
phy phy sign bur bur		PART 2. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1(0)
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The law requires th attending physician, has been signed by se as the burial-traith priar to burial, cre	CERTIFICATION	19a. DATE OF OPERATION 19b.		FINDINGS CONSIDERED IN CERTIFYING
The att	ZIE		YES NO CAUSES OF DEATH	
NN: or or or or or		210. ACCIDENT WAS UNDERLYIN		l or Port 2, Item 18.)
Pita Pita Pita Office	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exami	ner) P.M. 19	
S PHYSICIAN the haspital this certifical detached far e Dept. of He	W	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LDCATIDN Street or R.F.D. No. City or Town	County State
the thirder		of work of work	- 11 would to a	3/19/
be Stat		22o. I certify that (I) (th	is hospital) attended the degreesed from 47-91, 19-61, to 3/	, 19, that (I) (we) lost
ed ed he he he he		sow the deceosed of	live (n	an the date and hour and fram the
TY Tain tain the	V	22b. SIGNATURE	(, th) (see) (and) tailed hell) view line body offer death.	200 DATE SIGNED
OR ATTEND be retained DIRECTOR: A je 3 should ed with the		ZZB. SIGNATURE	DEGREE PHYS. MED. STAFF PHYS. DIRECTOR PHYS.	22c. DATE SIGNED
VL O by		22d. PHYSICIAN'S	DEGREE PHYS. DIRECTOR PHYS.	
md md KA		NAME (Type)		
D HOSPITAL OR ATTENI Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 should should be filed with the	230	BURIAL, CREMATION, 23b.	DATE / 23c. MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or	Town) (County) (Stote) 7
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt)	REMOVAL (Specify)	1-119 111111111111111111111111111111111	Sugar La Nella
	24.	FUNERAL DIRECTOR	ADDRESS So. REC'D BY REGISTRAR 5 1968	REGISTRARIS SIGNATURE
VR A15 (45M - 1) 69		William &	Merry Styles of DATE MAY 5 1968	fillowles forfige

	HITCHIA DE LINGUAGO MARY CHARLAS CONTRACTOR DE LA CONTRAC	yearn	
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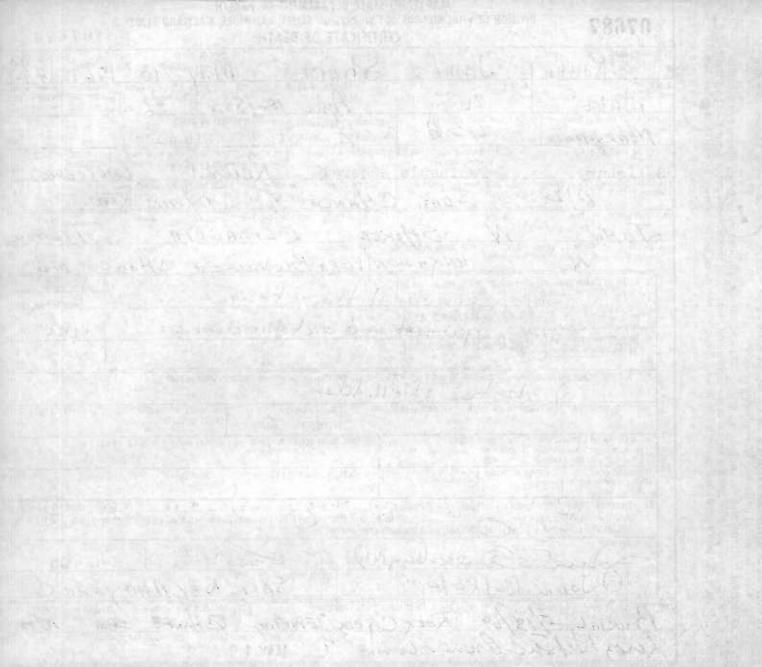
	1	1768 Items5,6	5, &8 Film	IVISION OF V	/ITAL RECORDS,	301 W. PRESTON STR	EET, BALTIMORE	, MARYLAND 21201	07675	5
	= =====================================	1. DECEASED-NAME	First		Middle	Lost		ATE OF DEATH		12h HOUR
	te de de	(Type or print)	Salli	е	Anna	Purnell		ManthDoy	1969	2b. HOUP
	5 4 B	3. SEX		4. RACE		S. DATE OF BIR	RTH	May 27	IF UNGER 1 YEAR	3:35 N
		Female	9	Colored		Sept.	16, 1895	6. AGE (In years last birthday) YRS.	MONTHS CLAYS	HOURS MIN.
	haurs in by rs. Pa	7o. BIRTHPLACE (Stot	e ar fareign 75	. CITIZEN OF WHA	T COUNTRY?	8. MARRIED NEVER MARR		TY OF DEATH		
	d in d in pers	USA		USA		WIDOWED TO DIVOR		Wicomico		Md
	ecuted within 24 ha campletely filled in 1 ove ect bon papers.	10. CITY OR TOWN O	FDEATH	11. NAN	E OF HOSPITAL OR IN	STITUTION (If nat in haspitol	12a. USUAL OCCUP	ATION (Kind of work done	12b. KIND OF B	JUSINESS OR
	with with with with	Salisbu		De	er's Head	Hospital	during most of w	orking life, even if retired.)	INDUSTRY	
	red ent	13a. USUAL RESIDENC	E (Where deceased	lived, if institutia	n: Residence befare	13c. CITY OR TOWN		3e. STREET AND NUMBER		
	10 mg = 19	odmission) STATE	aryland		omerset	Princess An	NO 🗆	Rt. # 2		
	requires that the death certificate be executed within 24 g physician. signed by the attending physician and campletely filled is burial-transit permit. Then please rehapte carbon paper a burial, crematian, ar remaval, and in an event, within 72	14. FATHER'S NAME	First	Middle	X Lost	15. MOTHER'S MAI	DEN NAME First	Middle	nn	Last
	ign ase	16a. WAS DECEASED	EVED IN U.S. ADMED	EODCECO II	6b. SOCIAL SECURITY	Ma Maria	una	- Mas	el.	
	fica ysic ple al, a	Yes, na, ar unknav	(If yes give wor or	dates of service)	OD. SOCIAL SECURITY	NO. 7- NEORMANT	_ 1-	Address		
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	ed ed	100	saw the deceased ali		and that in (my) (au	r) opinion death occurred an the dat	e ond haur and fram the
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24. FUNKAL DIRECTOR 250. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	23	o. BURIAL, CREMATION, 23b. D		CEMETERY OR CREMATORY		
24. FUNKAL DIRECTOR BY REGISTRAR SIGNATURE ST. CLAIR F. HOME 250. RECT BY REGISTRAR SIGNATURE	0.0					
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0768 FOR STATE HEALTH DEPT. First Middle 1. DECEASED-NAME 20. DATE KNOWN IXI Yeor 2b. HOUR (Type or Print) OF ESTI-DEATH MATED 5/11 ay is 3 ta Page 4.40 M MAR THA 189 mento MAF SMULLEN IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years 2d. HOUR 2, and PM3. F Month Female White Jan. 3, 1922 19 69 H: 40 M the State Depar 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH in Item 18 Give Pages 1, r's Office alang with form country) Maryland USA WIDOWED [DIVORCED [WICOMICO 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Penith de General Hospital Salisbury Factory after 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATEMaryland 13b. COUNTY Wicomico Salisbury YES NO 2313 Pineway land 2 Chief Medical Examiner's Office after Middle lost 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First John Slaughter Lula Mae Frampton pages haurs 17. INFORMANT (Husband) ADDRESS 2313 Pineway pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes give war or dates of service) Mr. Herman M. Smullen, Salisbury, Maryland 212-14-4556 File within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. "pending" PART I. DEATH WAS CAUSED BY: Bichloride of Mercury Poisoning 6 hrs. IMMEDIATE CAUSE (o). in any event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise to immediate couse (a) shauld the word DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate 0 shauld be forwarded please execute the certificate, writing 00 removal, a 3 should be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES | NO X 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor 9 Pt. ingested bichloride of mercury tablets PRIMARY OR CONTRIBUTING burial, crematian, CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County 21d. INJURY OCCURRED FUNERAL DIRECTOR: Poge WHILE NOT WHILE AT WORK 2313 Pineway, Salisbury, Wicomico, Md. Anspection X 220. I certify that I took charge of the remains described above, held on Autopsy ... Inquiry X, ond in my opinion director. deoth resulted from Notural couses . Accident . Suicide X Homicide Undetermined monner CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE L. Rover, M.D. 1969 Ear 1 DEPUTY MEDICAL EXAMINER X 5 may 10 FUNE Health 409 Camden Ave., Saldsbury, Md. ADDRESS(Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) REMOVAL (Specify) May 14, 1969 Wicomico Memorial Park Salisbury, Wicomico, Maryland Burial 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Menela, Verdal VR A15ME (5) 10M REV. 1/68 HOLLOWAY & COMPANY, SALISBURY, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

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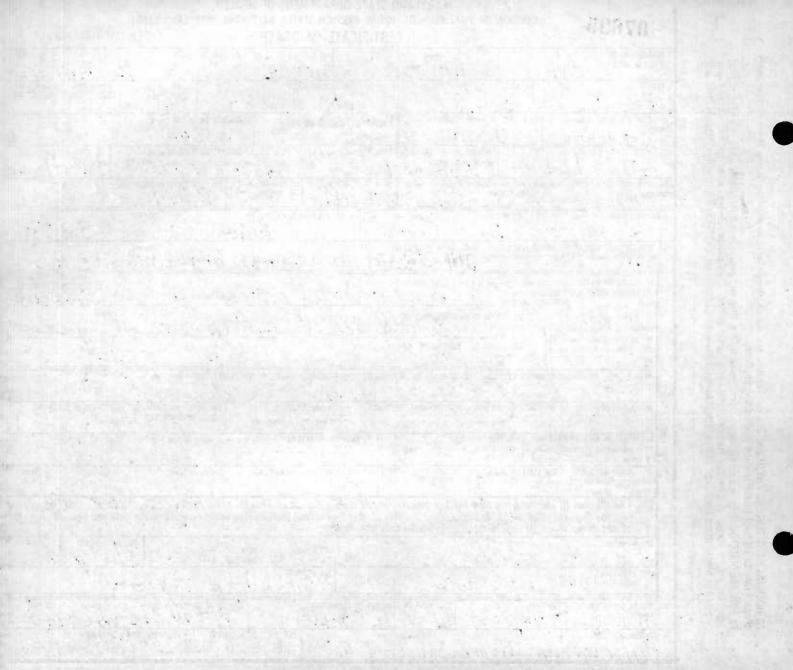
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07682 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOW Month Day Year 2b. HOUR (Type or Print) ESTI-THOMAS SMULLEN 6.45M ROLAND at DEATH MATED Page Depart ment 6. AGE (In years 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR 10 ay White 14 YRS 7:10 M Ma le Feb. 7, 1955 69 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIEDX 9. COUNTY OF DEATH Maryland WIDOWED | DIVORCED [USA WICOMICO pages 1 and 2 with the State word "pending" in perfeit in them 18. Give Page the Chief Medical Examiner's Office along with 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address)
Riverside Drive Salisbury during mast af warking life, even if retired.) **INDUSTRY** none - student death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO Fruitland Wicomico Green Street within 74 hours after 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Marion Smullen. Lola M. Smith hours 17. INFORMAN (Father) 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** Green St. (Yes, na, ar unknown) [It was give war or dates of service] Mr. Marion R. Smullen, Fruitland, Maryland File 72 executed event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY Drowning minutes IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove rise to immediate cause (a), ploods writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ farwarded ta pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) certificate 0 OS ar remaval, CERTIFICATION nsed 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. NO X YES T pe shauld be 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR KANK crematian, EXAMINER: Drowned attempting to secure boat. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. Na. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE Wicomico River at Riverside Drive, Salisbury, Wic., burial, 220. I certify that Ltook charge of the remains described above, held an Autapsy . Inspection X Inquiry V ond in my opinian death resulted from: Accident X Suicide . Homicide T Undefermined manner Natural causes 1 CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE May 12/1969 L. Royer, M.D. DEPUTY MEDICAL EXAMINER X Earl **EXAMINER'S** 5 may 70 FUNE Health ADDRESS(Street, city, town, ar caunty) NAME (Type) 409 Camden Ave., Salisbury, Md. 23g. BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) May 12, 1969 Salisbury, Wicomico, Maryland REGISTRAR 25b. REGISTRAR'S SIGNATURE Wicomico Memorial Park Burial 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15ME (5) HOLLOWAY & COMPANY, SALISBURY, MARYLAND yourself years

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MARYLAND STATE DEPARTMENT OF HEALTH 07693 07683 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN 2b. HOUR (Type or Print) ESTI-JANE SPENCE EMILY 5-25-699 8:25 M DEATH MATED 6. AGE (In years IF UNDER 24 HRS 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR 2 with the State Departmen 38 YRS. Day 3-21-31 F AA 7o. BIRTHPLACE (Stote of foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) DIVORCED Wicomico WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) giv Peninsula General Mousirycken Salisbury 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 36 COUNTY Worcester Berlin Rt. 3, Box 389A Md. YES NO 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First and Tingle Minnie Spence Horace pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT W. PRESTON STREET, (Yes, no, or unknown) 214-28-3499 (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) event within permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Fractured skull sudden DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF any stoting the underlying couse 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) SD ar remaval, 3 shauld be used 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 certificate, 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY TO OR CONTRIBUTING 8: 25 P.M. Involved in auto accident. crematian, 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Snow Hill, Worcester, Md Route 12 22a. I certify that Look charge of the remains described above, held on Autopsy , Inspection X Inquiry , ond in my opinion deoth resulted from: Natural causes , Accident X, Suicide , Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED May 27, 1969 EXAMMER'S Earl L. Royer M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 1109 Camden Ave. Salisbury, Md ADDRESS(Street, city, town, or county) 23g. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial 5-29-69 Cedar Chapel Worcester, Md. 25b. REGISTRAR'S SIGNATURE Newark. 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) Jolley Funeral Home, Salisbury, Md.

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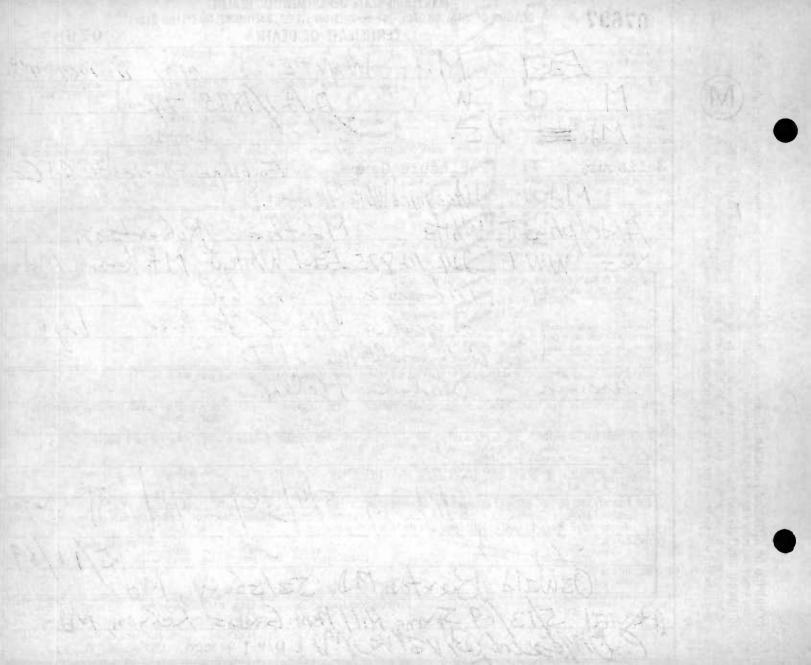
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			OFCOR	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BAI	LTIMORE, MARYLAND 21201	
			07695		CERTIFICATE OF DEATH		07685
		1.0	ECEASED-NAME First	Middle			
	oth.		man and add the same	-	Lost	20. DATE OF DEATH Month Doy	Year 2b. HOUR
	dec dec		Ype or print; EVA	NAVIS	1/N9Le	5 /2	1969 11 A.M
	fu fur	3. SI	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	aft the safe		temale	While	Nov 1.18	189 last birthday) YRS.	MONTHS DAYS HOURS MIN
	d b	7a.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	within 24 hours after deoth. ely filled in by the funeral bon pepers. Rages I and 2 within 72 bouts after death.	COU	MARYLAND	U.S.A.	WIDOWED DIVORCED	WICOMICO	Md.
	filled filled	10.	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	NSTITUTION (If not in hospital 120. US	SUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	with with corbon ant, with		PITISVILLE	give street address) KAIROAO		most of working life, even if retired.)	INDUSTRY Home
	E S S S S S S S S S S S S S S S S S S S		USUAL RESIDENCE (Where decease ission) WARYLAND	d lived, if institution: Residence befor 13b. COUNTY	PITTS VILLE YES I	NO 136. STREET AND NUMBER	,
	ou y	14.	ATHER'S NAME / First	Middle Lost	. IS. MOTHER'S MAIDEN NAME	First, Middle	Lgst
	n de se re	L	MINOS			ate	SMITH
	law requires that the death certificate be exempling physician. I have a signed by the attending physician and consist the buriol-transit permit. Then please remains to buriol, cremation, or removal, and in any		es, no grunknown) (If yes give wa	ED FORCES? If or dates of service) 16b. SOCIAL SECURIT		on Tingle, Pitts,	ille, md.
	The The		18. CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (().)	1 4 0	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	attending permit. The		PART I. DEATH WAS CAUSED	BY: (a) Caron	are arteris a	ulase,	36DINA
	de te		4121	DUE TO, OR AS A CONSEQUENCE OF		0	10110000
	tio e d		Conditions, if ony, which gove)	DUE TO, OK AS A CONSEQUENCE O	TH 100 000	The fortand	11/1010
	ot the month		rise to immediate couse (o),	(b) 0000	The steel views	ne senencer	- Track
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	equires that the physician. signed by the buriol-tronsit buriol, cremoti		last.	(c)			
	ICIAN: The law requires bital or attending physici tificote has been signed for use as the buriol-to the other of Health prior to buriol.		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN, IN PART 1(0)	
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W.	lav be be be rior	A	190. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS	PERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
1	AN: The law rad or attending icote hos been for use os the Heolth prior to	CERTIFICATION			YES NO [CAUSES OF DEATH?	
1	or or us	GR.	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (En	iter noture of injury in Port 1 or Port 2, I	tem 18.1
	To See The	ਤ	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yes	or a		
		MEDICAL	(If either, notify medical examine 21d. INJURY OCCURRED 21e. I	PLACE OF INJURY (AT HOME, FARM, STREET,	TACTORY \ 216 LOCATION Street or D.E.D.	No. City or Town	County Stote
	rade OR ATTENDING PHYSICIAN: The law ramay be retained by the hospital or attending RAL DIRECTOR. After this certificate has been rapage 3 should be detached for use as the be filed with the State Dept. of Health prior to		While Not While at work		FACTORY.) 21f. LOCATION Street or R.F.D. I		
	ffer be stat		22a. I certify that (I) (this	s haspital) attended the decea	sed from May 12, 19	69, to Maes/2, 19	69, that (I) (we) last
	ATTENDING etoined by th CTOR: After should be d ith the State		saw the deceased ali	(I) (wa) (did) (did not) view th	_1964, and that in (my) (aur) a e bady after death.	pinian death accurred an the da	te and haur and fram the
-	To Point	-	22b. SIGNATURE	(i) (we) (did) (did fidi) view fil	e budy uner dedur.		DATE SIGNED ,
	TO HOSPITAL OR ATTENDING Page 4 may be retained by the FUNERAL DIRECTOR. After director, page 3 should be director, page 3 should be filed with the State		Frank	Lewes Smy	DEGREE PHYS.	MED. STAFF 5/	12/1969
	AL D	В	22d. PHYSICIAN'S	VOI	22e. ADDRESS	1 . 1	, /
	Poge 4 may O FUNERAL I director, pag should be fil		NAME (Type) DR. FR	PANN MLEWIS	, Sr. WillAR	ds, MIARYLAY	VO
	Poge 4 representations of the popular of the popula	230.	BURIAL, CREMATION, 23b. D	ATE 23c NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
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	/		07696	DIVISION OF VITAL RECORDS	, 301 W. PR	STON STREET, BALTI	MORE, MARYLAND 21201	AMADO
	6		() (() ()		CERTIFICA	TE OF DEATH		07686
	. 2.	1, D	ECEASED-NAME First	Middle		Lost	2o. DATE OF DEATH	2b. HOUR
	eatl eatl	(Type or print)	(015151 AND	Wals		Month Day	Yeor Zb. Hook
	p and	3. SI	MURRAY	CLEVELAND 14. RACE			May 31	1969 M
	the the	3. 3				. DATE OF BIRTH	6. ACC (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	rs of the Pagg		Male	White		March 14, 188		
-	hat	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	METER MARKIED	COUNTY OF DEATH	
	e executed within 24 hours after death. and completely filled in by the funeral remave carbon papers. Pager and 2 n any event, within 72 haurs offer death.		Maryland	USA	WIDDWED		Wicomico	Md.
	ille ille	ID.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II	STITUTION (If not	in hospital 12a USUAL	OCCUPATION (Kind of work done	12h KIND OF BUSINESS OF
	£ 7-8-£X//	0	Salisbury	give street oddress) Peninsul	Goner	during mo	st of working life, even if retired) red Farmer & Scho	INDUSTRY Operator
	d w	130.	USUAL RESIDENCE (Where deceo		13c. CITY OR TO	OWN 13d. INSIDE CITY LIM	130, STREET AND NUMBER	our bus operator
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1	ond comple e remave c	17.						Lost
	ase ndi	17	Eugene		on			Perdue
	sici plec		. WAS DECEASED EVER IN U.S. ARA (es, no, or unknown) [(If yes give w	unt or dates of societal		ORMANT (Son)	RFD 7 Address	
	ne death certificate by attending physician permit. Then please ian, ar remaval, and i		No /	218-34-88	85A Mr.	John C. Wai	Iston, Salisbury,	Maryland
	The The		1B. CAUSE OF DEATH (Enter on	nly one couse per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ath indi		PART I. DEATH WAS CAUSED	D BY: ATE CAUSE (o)	ant t	ailure		
	de de erm		41211	DUE TO, OR AS A CONSEQUENCE OF				
	the the sit p		Conditions, if ony, which gove		ASCU	. D.		Hears.
	y thy sinsi	100	rise to immediate couse (o),	DUE TO, OR AS A CONSEQUENCE OF	* *			1
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	AT Share start with with with with with with with wit		22b. SIGNATURE	= 1 00 1				DATE SIGNED
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	AI DO		22d PHYSICIAN'S			22e. ADDRESS		
	FIRA ERA		NAME (Type) Dr. Jo	oseph C. Fitgerald		Salisbury	, Maryland	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 shauld be detached for use as the burial-transit permit. Then pleas should be detached for use as the burial-transit permit. Then pleas should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and	23n	BURIAL, CREMATION, 23b. I	DATE 23c NAME DE	CEMETERY OR CR		23d. LOCATION (City or Town)	(County) (Stote)
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	ate be executed within 24 lician and campletely filled in ease remove carban paper and in any event, within 72	S	alisbury	giye	street oddress) eninsula	General	during mast of v	warking life, ever in ref	ired.)	INDUSTRY /	1
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	and comple e remove can in any event	adm	ission) STATE	13b. COUNTY	VICOMIC	White Heven	NO NO				
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	ate ciar eas and	160	WAS DECEASED EVER N U.S. AR	RMED FORCES?	166. SOCIAL SECURITY	IO. 17. INFORMANT	1,11	Addr	ress /	0/1	
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	The pm		18 CAUSE OF DEATH (Enter o	only one couse per li	ine (a), (b) and (c).		9 1	B		APPROXIMATE IN BETWEEN ONSET AN	ITERVAL NO. DEATH
	attending permit. The		PART I. DEATH WAS CAUS	ED BY: NATE CAUSE (a)	Tulmo		mb	dus		DETWEEN ONSET AF	ND DEATH
	he death attendii permit. ian, ar re		4123	, ,	AS A CONSEQUENCE OF	. ///	- 6	7 0		1	
	the the sit p		Conditions, if any, which gave	1 "	onals	tive Hea	w/ /	silve		1 pm	
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Y	physician. signed by the burial-transit burial, cremat		PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBL	UTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	ISEASE OR CONDITION	ON GIVEN IN PART 1(a)			
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	The or of the hose of the polity poli	RTIF				YES 🗌	NO 🗌	CAUSES OF DEATH?			
	sician: The spital or att strifficate had for use of Health p		21a. ACCIDENT WAS UNDERLYST OR CONTRIBUTING CAUSE OF OR			21c. HOW INJURY OCCUP	RRED (Enter nature	of injury in Part 1 or P	art 2, Item	18.)	- 1 1
	pito prifical defe	MEDICAL	(If either, notify medical exam	niner) P.M.	19						
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	the thi det		While Nat while at wark of work		11	-/11	1 10	dul	1	a	
	by frer be Stat	34	22a. I certify that (I) (the saw the deceased	his haspital) att	ended the decease	d from 5/4	1901,	ta	_, 19_ C		(we) last
	ENG Pred Jid The	-	saw the deceased causes stated abov				(our) apinion o	death accurred an t	ne date d	and haur and	fram the
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	MAKTLAND STATE DEPARTMENT OF HEALTH	
	07698 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH 07688	
# =2# # =2#	1. DECEASED-NAME First Middle Lott 20. DATE OF DEATH 2b. HO	UP.
death. neral and 2 death.	(Type or print) MURT/E ANN WILKINS MAY Pear 9 8	PM
fur fur	3. SEX. S. DATE OF BIRTH 6 AGE (In years IF UNDER 14 IF UNDER 24	
s af the age rs af	Semale White Let 14 1893 losh Dichdoy) YRS. MONTHS DAYS HOURS	MIN
and and	70. BIRTHPEACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	—
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in 2	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LISUAL OCCUPATION (Kind of work done 125 MIND OF PURINCES OF	
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execut and camp remave	The Memies delman 10 802 Call of	
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equires that the death certificates be exerphysician. signed by the attending physician and coburial-transit permit. Then please rema burial, cremation, ar remayal, and in any	Charles Michelf Mary alpen	1
physician of the please aval, and is	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
phy en dy	ore & Relone James Wes	
ne death ce attending permit: The	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN DISTRIBUTION AND DEAT	Н
ne death attendii permit. ian, ar re	IMMEDIATE CAUSE CLUSE COLOR COSCLETORIC HEAVY MEXICAL Syn	400
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ding ding the	& Klaketes Otellelus	
le la	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
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OR be r	DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRECTOR PHYS. D	
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